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## MR. ABERNETHY'S

## PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

## ANATOMICAL COURSE OF LECTURES,

*At St. Bartholomew's Hospital.*

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*On the Liver, Gall Bladder, and Gall Stones.*

It is probable that there is a great deal of absorption from fluids that are secreted, and that secreted fluid does not immediately acquire its due properties; that it is undergoing chemical changes, and becoming more and more perfect as it passes through the excretory ducts of the glands. This opinion I am led to entertain, from what takes place in the liver.

*Functions.*—As to the function of the liver, it is a strange thing,—it is what does not occur in any other part of the body, that a vein should secrete. And we cannot wonder that the older physiologists thought, that there must be some peculiarity of the blood in the *vena portæ*, which qualified it for the secretion of bile: they supposed it came back from the bowels laden with oil and saline matter, and so on, and therefore was qualified for the secretion of bile. But the blood of the vena portæ cannot be distinguished from any other blood in the world. Then it was thought that the motion, that the current, was necessary for the secretion of bile,—that a regular current should be induced. And then some thought the vena portæ acquired the property of an artery, and so on.

Now all these opinions are completely quashed by a fact, which is, that it has been found, that the vena portæ, in some subjects, has not gone to the liver. I happened to meet with such a case as this; it was new to me then, and I believe to the public here. The history of it was this: there was a little subject brought into the dissecting room, thought large enough to make a vascular preparation of; I suppose it might have been a twelvemonth old; it was a fat and muscular subject. As nobody chose to take it to himself, it was thrown about; and I said to the person who attended to the dissecting room, at that time, you might as well throw a little injection into it, and just see how it will turn out; but when he opened the body with a view to inject it, this little despised thing turned out to be of the greatest value; for, upon opening the thorax, he found the heart, instead of pointing to the left side, pointing to the right. Now this happened just after Dr. Baillie published his paper with respect to the *transposition* of viscera; and Dr. Baillie suggested, that if there was a transposition of blood-vessels, there probably would be a transposition of viscera in general; but here was a case where the viscera were in their ordinary situation, except that the liver lay more in the middle than it usually does, and that the heart pointed to the right side: well, the person I refer to threw in an injection and proceeded to dissect the subject, but not at all aware that a still greater curiosity would be found in it. He took away the bowels, as we do in dissecting, to make a course of vessels along the vertebral column; and lo and behold! he found the vena portæ injected, the superior *mesenteric vein* filled with injection from the venous system! Why, this was most strange; and, tracing it, he found that it terminated in the inferior vena cava, just in a line with the *renal veins*, and that it never went to the liver at all. Then the question was, what vein supplied the liver? None; we could find none. What artery? None, but the *hepatic artery*, and that was one third larger than common; it went to the liver. The next question was, was there any bile? The gall-bladder was opened, and a little bile escaped out of it: the gall-bladder was not large, it was a third less than we usually expect to find it, and the little bile that was in it, was very healthy, and had all the qualities of bile to be found in the gall-bladders of children. The intestines were cut open, and their contents were died with bile. If no bile had been prepared, the gall-bladder would

never have been as it was. I have seen many instances where there was no gall, and there the bag was almost in a solid state; the size of it, however, showed it had undergone distention from bile. But this is not singular, for the same thing was met with by the late Mr. Wilson; but I speak of more advanced periods: Well, if these old opinions respecting the secretion of the bile, are quashed as I have said, what opinions are we to adopt? Instead of saying it requires peculiar blood, and a certain regulation of blood for the secretion of bile, may we not now say, that in all probability it requires arterial blood for the preparation of every other secreted liquor, but that bile was a secretion that could be prepared from venous blood? And if this were true, you will see at once that an economical sort of purpose is answered by preparing the bile from venous blood, for by this plan, all the blood returned from the bowels, which otherwise would go unemployed and useless back to the heart, is made to pass through the liver, and to prepare the bile in its way to the heart? Well, but if this were so, could not other secreted fluids be prepared from veins? Might not nature have ordered any of the venous blood from the extremities to pass through glandular parts and prepare the fluid? Would not an economical purpose have been answered by this? Well, we are preciously ignorant there's no doubt, about that; of a number of things; but we must think—we cannot help it; people say we should not think, but I say, how can we help it? It's natural for us to think. Then the question is, since we *must* think, whether we had not better endeavour to form the most correct opinions we can of the things which are before us?

Well, then, I hold it to be a very very great curiosity, the variety that takes place in the biliary secretion: now if there's great variety in arterial secretion, we do not marvel, for an artery is a tube of acknowledged active powers. It may do more than ordinary, or less than ordinary, and by modification of action, prepare fluids of different qualities, which we do not wonder at; but is it not wonderful, that from a vein all this should take place? Do we not find that all secretion of bile is suspended for a considerable time, and then that copious secretion of unhealthy qualities takes place? That there is the same variety in the secretion, though it may be performed by the agency of the vein, which we observe when the secretion takes place from the arterial system, I say is curious, but it must be acknowledged as a fact.

Well, then, the bile so prepared passes on by the *ductus hepaticus* into the *duodenum*, for the course of the ductus hepaticus is continued in a staight direction into the duodenum.

The way in which the gall-bladder is replenished with bile has been spoken of; and it is a curious thing that the bile should be detained in the gall-bladder, for it is urged out with the greatest abundance at the time the digestion takes place, at the time when the digested aliment is passing downward into the pilorus.

[Mr. Abernethy described the structure of the gall-bladder.]

As to the intermediate structure, the *walls* of the gall-bladder, what are they? I don't know that any body knows what this part is; and the question is, is it muscular? It does not present any such appearance, so that Haller set it down as having no contractibility; but Haller's experiments in contractility are known to be badly advised. Haller opened the abdomen of an animal, broke the fundus of the gall-bladder, and then sewed up the wound; afterwards he found the animal died of peritonitis, that there was a small aperture in the bladder through which the gall passed, and that the gall-bladder was contracted to the least possible compass; so, I tell you, it is if the bile never gets into the gall-bladder at all. For my own part, I have an aversion to making experiments on living animals, but I have done this: I have got the bladder of a sheep recently killed, where the gall-bladder was duly distended; I have made an opening just in the part emerging from the bladder; put the whole into a basin of water, not very warm, but just warm enough not to be cold; left it there for a time, and when I came to it again, I found that the bile was all purged out, and that the gall-bladder was contracted. I then blew up the gall-bladder to the size it was before, that is, to do away with this contraction, which I may call the last contraction of life. I blew it up, left it again, but I never found it contract any more; therefore the contraction was not owing to the contraction of tissue, not owing to any property it had as matter, but the contraction was the contraction of the gall-bladder.—Now this slow, but powerfully acting, irritability, does prevail to the extent that is required for the functions of the gall-bladder; for what is required but to urge the bile slowly and gradually from the gall-bladder into the intestines, when the aliment is passing into them? And that is the contractibility which it seems highly probable is performed.

*Qualities of the Bile.*—Next I come, in physiology, to the qualities of the bile, and with the common properties of it you are all acquainted; it is a sort of soapy and viscid fluid, and this viscidity is owing to gelatine,—a sort of gelatinous property which it pos-

sesses. Now that may be precipitated by tannin or by alcohol. If you pour alcohol upon bile, you precipitate all that which gives it viscidity, and you will make what they call the *tincture* of the bile; you get rid of this gelatinous matter.

Now with respect to this tincture of bile, as I may call it.—But first let me say, it is evident that there is a good deal of *oleaceous* matter in bile, for it crystallises and forms stones. Here are specimens of gall-stones; they are composed of a sort of spermaceti, used as soap. If there be a kind of oil in them, why this incorporated with water will make a sort of soap, and then we see why gall may be employed to clean cloth with. It has been supposed that there was something peculiar in bile which gave it its bitterness and quality of colouring. Dr. Powell told me that which he was convinced of, and that which I am convinced of, that there was no peculiar matter in the bile which gave it its bitterness and colouring; for if you expose this tincture of bile, as I call it, to the air, it becomes white; and if you drop *nitric acid* into it, it also becomes white; so that it does not appear that the bitterness or colouring arises from any distinct principle, but from some arrangement which we do not understand, of course.

Well, now, I have said as much as seems to me to be requisite to say, for I would not ever go into the minute analysis of the animal fluids in this Theatre. It would be easy to tell you what is said as to the products of bile, and when chemistry shows any thing that is illustrative of physiology, then ought it to be mentioned here; but when it does not, then it is not with that that the anatomist has to deal in this Theatre. Well, this sort of fluid goes into the intestines, and I have told you that Mr. Hunter says, it does not seem at all to incorporate with the digested aliment. It cannot incorporate with it firmly, because the least quantity of bile will taste and tinge a very large quantity of other matter. The chyle is white; it does not taste bitter; they say it has a sweetish taste, that means, I suppose, that it is not sour, (laughter,) or of a particular taste; it cannot, therefore, formally incorporate with the digested aliment, and positively it does incorporate with the fæcal matter, it colours it; and some have thought it tended to purify the digested aliment, and that the gelatinous and resinous matter should mix with the fæcal matter.

Now this is all supposition, we know very little of it; in short, we are very ignorant, I am convinced, of the physiology of the liver. Some have thought it was an excrementitious matter, something that should be got rid of from the blood; and that's not improbable. It is said to be a proper stimulus of the bowels to keep up the peristaltic action of the bowels, and that any thing excrementitious and useless should be made to pass on. But we are exceedingly ignorant as to what the uses of the liver are; and therefore I come to this proposition, that I never could make my mind believe that nature would construct the very largest organ in the whole body for a trivial purpose, or that that organ could be materially altered in its functions without prejudice to the rest of the body. That's all I have to say with respect to it, and that being what I have to say respecting it, I would have you all to keep it in proper order if you can, and to pay proper attention to this, the largest organ in the body, in al respects.

Of late it has been said, that it goes to the preparation of chyle; but I do not know that that proof is given. I see patients whose biliary discharges have been suspended for months, and yet they seem to be well nourished; still I cannot believe but that they must suffer in some way or other, from the functions of the liver being suspended.

*Sympathy.*—Now with regard to the sympathies of these alimentary organs in general: that the stomach should be sympathetically affected from the state of the head, is a fact that every vulgar man is acquainted with, and which no medical man doubts, because the eighth pair of nerves proceeds from the brain directly to the stomach. But do not the bowels equally affect the brain? There is no question about it—no question about it. A very great change of feeling indeed, in the state of the mind, is produced by the relief of irritation in the bowels. The nervous system is amazingly disturbed by disquietude of the bowels. I tell you a story that was told to me by a London Doctor, who was coming home from the London Tavern Dinner: he felt his bowels a little uncomfortable; he had not ordered his carriage, for he thought it would do him good to walk home: he set out, but he limped and crept over the ground, and O, he was most excessively uncomfortable. He found a turmoil in his bowels, which called upon him to knock at a door, and fee the servant, to be admitted to the temple of *Cloacina*; (laughter;) and having cleared the bowels, *egad*, he said he leaped, and jumped, and walked home with boyish alacrity. (Repeated laughter.)

Now does not the liver affect the head? O, undoubtedly; there is the strongest proof of it; but I don't say it is merely the situation of the bile, it is the nervous, the hepatic irritation. And here I call your attention to what is as old as medicine itself, for the very first physicians who taught medicine as part

of the natural sciences at the different schools at Greece, were persuaded of this fact, that dejection of mind, irritability, and fidgets, were produced from something wrong in the *hypochondrium—hypochondriasis*, that was the expression they used with respect to it. Now, how did those men get that knowledge? By adverting to the excretions of their patients. What came from their bowels was examined, and they saw that those discharges were not of the colour, or in any respect resembling those of the healthy state. Well, then, again, the very word *melancholy*, which they also used, from a fixed and settled despondency, clearly shows what was on the minds of those men, for melancholy means nothing but black bile, μελαινα being black, and χολη being bile. Now the question is, whether there is any truth in these things? For my own part, I am perfectly convinced, that hepatic irritation disturbs the head, and that, therefore, we, as medical men, ought to keep the functions of the liver as right as we can.

*Morbid structure.*—So much with respect to physiology; and next, with regard to morbid structure. Here I get over the ground rather lightly, for there are certain organs in the body which, if the vessels go into a state of diseased action, they seem to me to produce but one, or scarcely any thing else but one kind of morbid structure; it is an infusion of something into the interstitial parts, in larger, or smaller masses, and this we call *tubercles*. The liver is diseased—it is tubercular. There are divers specimens of this sort of disease; sometimes the tubercles are very large, and sometimes they are very small. But what is it that is deposited in the interstices? I am ready to grant, that the newly-formed matter may be so newly laid down, as to give a solidity to the whole mass, and that is *scirrhus*, not cancerous scirrhus, but a solid state of the liver; it is, however, generally in masses, so as to constitute tubercles. Now here is a liver (*presenting a large preparation*) where the tubercles are distinctly shown; they are very large tubercles. I am accustomed to introduce this preparation by saying, it is a very small slice off a very large liver; for positively the patient from whom it was taken, had the whole of the abdominal cavity filled with the liver; it went down even into the pelvis. Before her death, some speculated about the nature of this large hard substance. Some thought it arose out of the pelvis, and went up to the hypochondrium; and others thought that it proceeded from the hypochondrium down into the pelvis; I thought with the latter class. But what was astonishing was, that the patient never had any symptom of a diseased liver. There was no sickness, nor any thing that may be generally observed, as indicating disease of the liver. But you are to understand that these tubercles, to use the language of Mr. Hunter, may be considered rather as disease *in* a part, than *of* a part, for in this state the internal parts of the liver will secrete bile; and it does happen, that very diseased livers will sometimes secrete very good bile; I have known it very repeatedly.

Then, with regard to these tubercles, the question is, are they vascular? And that is a question we cannot determine: there are vessels going through them, but whether they are vascular or not, we cannot tell. This relates to the tubercles of the liver and lungs; and, in either case, it is notorious that the tubercles *suppurate*. You meet with abscesses there, and those abscesses are, no doubt, suppurated tubercles. I have seen numerous abscesses of this kind, which have discharged half a wash-hand-basin full of matter, and yet the patients have recovered and done well, the rest of the liver having been sound; and I have known, as I believe, one tubercle breaking in upon another, abscess after abscess forming, and the matter issuing from the side: I remember a man very well, who was a captain of a ship, and, of course, a man who drank a great deal of *grog*; he was in that situation, and the disease in the liver communicated with his bowels. Now I have seen this: the abscess has been dressed while the patient was lying in bed; a rumbling has taken place in his bowels, air has got into them, puffed them up, and actually blown off the dressing.

*Hydatids.*—Now there are hydatids found in the liver; and wherever you see these *animalculæ*, they form in cysts. You find them, however, in natural cavities, as well as in cysts; and the cysts are so large sometimes, as to occupy the whole lobe of one side of the liver. I say, wherever you meet with them, they are either found in natural cavities which have secreting surfaces; in the abdomen, in the bursæ of joints, in the bursæ of muscles, and so on; they grow to a considerable size, and burst.

Now, with respect to these things, some believe they are nothing more than coagulable lymph, and some believe they are a peculiar species of animalculæ. The latter opinion have I. You find them in the brain. A sheep has one in its brain, and it goes off in a fit of apoplexy. Now I have had the opportunity of opening the brain of a sheep that died in this manner; upon taking off the top of the skull, opening the brain, and making an incision into the cyst, out has leaped one of those globular hydatids. If you catch one of them in this way, in warm water, really you would think that there is undoubtedly vitality in it.

They grow to immense sizes, and there are *specks* upon them which seem to be young hydatids. Now there was a person in this hospital who had them in his belly; it was supposed that something else was wrong with him, and he was ordered to be tapped; and he was tapped, and that let out something like a sort of soapy stuff; he was punctured afterwards, from time to time, and then there seemed something to come out like onions. However, as this mode of going on was very painful to him, the wound was closed, and upon examining the contents of the abdomen where the pain from the disease had been most acute, there were found to be an immense number of hydatids in the fluid that was contained there, of all sizes. Afterwards I examined some of them with a microscope, but I could find nothing in them more than I could observe with the naked eye, which was, that as the bag was formed, there were specks found which were subsequently thrown off. Now, if they can live and grow,—if they can multiply and detach young ones,—if those can live and propagate, I think they have every right to be accounted as a species of animalculæ. Dr. John Hunter has published just such a cure as I have related, in a transaction of a society for the promotion of medical and chirurgical knowledge.

Well, you have hydatids, and you have the liver solid, and you have inflammation in the surface of the liver, and adhesions formed—adhesions between the peritoneal covering and the surrounding parts. But this is what does not require to be particularly dwelt upon, because it is what you naturally would expect.

*Gall Stones.*—Now, with reference to gall-stones, all I have to say is, that they are of a nature to crystallize, there is oleaceus matter in them; there seems to be some law of crystallization prevailing among them. Here are some that were taken from one gall-bladder, out of which were taken no less than 1500. Now very large gall-stones do pass through the gall-ducts, the ducts becoming proportionately large; but there are gall-stones voided so large, as to preclude the probability of their having passed through the gall-ducts; and it has been ascertained that there is another way in which an immense stone may pass, without getting through a gall-duct: you recollect that the arch of the colon does not lie far from the fundus of the gall-bladder; and irritation may be produced in the bladder by such a stone, inflammation may be the consequence, ulceration may follow, and through that ulceration the stone may pass into the colon from the fundus of the gall-bladder, and then its further transit is not interrupted.

# LECTURES

ON THE

## *Diseases of the Nervous System,*

BY

## DR. CLUTTERBUCK.

### LECTURE IX.

#### *On the Varieties of Idiopathic Fever.*

I REMARKED to you, Gentlemen, in my last Lecture, that there were three varieties of *simple continued fever*, noticed by writers, under the denominations of *inflammatory*, *malignant*, and *low nervous fever*; that these were not *specifically* different, but rather different degrees of the same thing, the difference depending upon the constitution of the patient, and other circumstances foreign to the disease itself. Accordingly, you will meet with all the gradations between them; the disease being at times more or less *inflammatory*, more or less *nervous*, as it is termed, or with more or fewer characters of *malignity*; requiring, that the treatment should be accommodated to the particular case present. The subject will be best understood, however, by supposing we have before us an extreme case of each. First, then, let us consider what has been usually called, in this country, the *inflammatory fever*, the *synocha* of Dr. Cullen.

In this form of fever, the pain in the head is violent and throbbing, the face flushed, the heat of the body great, the skin florid, the pulse strong, full, and moderately increased in frequency, with a disposition to sweating; the urine is high coloured and scanty, producing a scalding sensation as it is passing; and the tongue is dry, and covered with a whitish fur. The *sensorial functions*, *sensation*, *voluntary motion*, and *mind*, are not disturbed in proportion to the other symptoms.

*Cause.*—Fever is apt to assume this character in temperate climates; in strong subjects, living in a pure air; and in the spring season of the year. It is commonly induced by exposure to cold, violent exercise, intemperance, or violent emotions of mind. I have known instances of persons having an annual attack of fever of this description; and that from causes which, in another, might have produced pulmonic inflammation or acute rheumatism.

*Progress, duration, and termination.*—The attack of this form of fever being violent, its duration is commonly short, namely, from one to three or four days, when it generally ends in profuse sweating. If it is continued beyond this period, it gradually changes its

character, and either assumes more or less of the *low* or *nervous* kind, or degenerates into the *malignant*, as you will presently understand. With respect to the *prognosis*, the danger of this form of fever, when simple and judiciously treated, is but little. It may, however, terminate in apoplexy, by the rupture of a blood-vessel in the brain.

*Theory.*—The essential part of the disease, the *brain affection*, is in this variety of fever comparatively slight; as we judge from the little disturbance observed in the state of the *sensorial functions*. The violence of the disease is observed only in regard to the *secondary* symptoms, those which constitute the *pyrexia*, or febrile state of system. The general vascular action is much increased, which is itself a tolerable proof that the brain is not greatly suffering; for if it were, the heart and vessels would have their powers and actions diminished, as is the case in the really violent, or *malignant* form of the disease. The vascular action of the brain, however, being strongly excited, as is shown by the pain, heat, and throbbing felt in this part, it soon ends in more or less of an *oppressed* state of the organ; with the effect of impairing the energy of the whole system. And thus it is, that the duration of fever in this form is necessarily short; for it either terminates speedily in health, and that generally by sweating; or it degenerates into the other forms to be presently described.

The *treatment* of this simplest form of fever, is exceedingly simple, and for the most part successful. Quietude alone is, in most cases, sufficient; the inflammation, together with its consequence, the febrile state of body, subsiding spontaneously. In robust subjects, however, it is more prudent to take away blood from a large vein, to the amount of sixteen or twenty ounces, and which may be properly repeated, in case the symptoms do not give way. As in other cases, the more early *bloodletting* is had recourse to, the more likely it will be to succeed. *Purging* is next to *bloodletting*, in point of efficacy; and it may also be of use to excite nausea; but violent vomiting would be hazardous in this state of things. This is all that is essential in the case. But you may, perhaps, in order to satisfy the patient's fondness for drugs, be called upon to give a *saline draught*, or the *liquor ammoniæ acetatæ*; or which is quite as useful, a few grains of nitre, or any other of the *neutral salts*.

The *second* variety of fever I mentioned, is that termed *malignant*, from the danger that attends it. It has been called also by other names; as *putrid fever*, the *gaol*, *hospital*, and *ship fever*; with other appellations, derived from some particular symptom of the disease; hence the names *purple*, *spotted*, or *petechial fever*. You will find it described by Dr. George Fordyce, under the name of the *violent fever*; and with some propriety, for it is violent in regard to the *essential* symptoms of the disease, that is, the disturbance of the brain and its functions; but not proportionally so, (at least in the beginning,) as to the rest of the system. (*Typhus gravior. Cull.*)

*Symptoms.*—The *malignant* or *putrid* fever, as it is called, makes its attack in different ways. Sometimes the attack is sudden, the patient being seized with stupor and giddiness, so as to fall down, and be afterwards incapable of standing: more or less stupor or insensibility to external impressions, continuing throughout the disease. Or it may begin more mildly, and gradually assume its *malignant* character. Sometimes it sets out as *inflammatory* fever, (*synocha*,) which, after three or four days, degenerates into the *malignant* form, constituting what Dr. Cullen calls *synochus*.

In this variety of fever, the *special* functions of the brain are in a state of great oppression. The sensibility, and the voluntary and intellectual powers, are all nearly annihilated; so that it bears no distant resemblance to apoplexy, in which the *sensorial functions* are abolished; and it has been called accordingly the *apoplectic* state of fever. It may be distinguished, however, from simple apoplexy, by being preceded and accompanied with the signs of cerebral inflammation. It resembles also in appearance the state of *intoxication* produced by spirituous liquors, and indeed has been mistaken for this.

The eyes are red and watery, the cheeks turgid and sallow, the features dull and inexpressive. The tongue is covered with a brown and dry crust, which by degrees becomes absolutely black in many cases; while a similar black incrustation collects about the teeth and lips. The skin is pungently hot and dry, and of a sallow dirty hue. The pulse is soft, and not in general much changed in point of frequency, fulness, or strength, at least for a time; but as the disease proceeds, the pulse becomes more frequent, while its strength and fulness gradually diminish. *Stigmata*, like flea-bites, or *petechiæ*, often appear on the skin; sometimes there are *purple spots*, of different sizes, from extravasated blood; or *vibices*. The *urine* is high coloured, turbid, like that of animals, and of an ammoniacal odour; as are the *sweats* also. *Hæmorrhages* of dark-coloured blood frequently take place from the bowels or urinary organs. If blood be drawn from a vein, its surface is observed to be remarkably florid, while the lower part of the coagulum is very black in colour. The surface of the crassamentum is flat and extensive, and its texture exceedingly loose and fragile.

Fever in this degree, and with such symptoms as I have now enumerated, generally proves fatal within eight or ten days, and often in a much shorter time. It arises in hot seasons; where a number of persons are crowded together, with a neglect of cleanliness and ventilation, or who are much excited by stimulant drinks or medicines; while it is very rare in other circumstances. This accounts for its comparative rarity at present, when the treatment of fever is simple, and for the most part *antiphlogistic*: whereas formerly, when the *hot regimen* was in vogue, the patient being confined under a load of bed clothes, the curtains closely drawn around him, and *camphor*, *hartshorn*, *snake-root*, *wine*, and *brandy*, liberally administered, (for the purpose of producing sweating, which was thought necessary to bring on a *crisis*, as it was called, and thereby carry off the disease,) fever of the *putrid* kind was exceedingly frequent, and scarcely more frequent than fatal.

When the brain is inspected after death in persons dying under this form of fever, the veins on the surface are observed to be greatly distended with dark-coloured blood, while innumerable smaller red branches ramify from these over the convolutions, giving the whole external surface of the brain a dark red hue. If the *pia mater* is peeled off, its under surface presents a uniformly bloody appearance. The *medullary substance*, when cut through, is found to be traversed by numerous trunks of veins, which oose out large drops of blood. There is considerable firmness and freshness in the cerebral substance, at a time that the rest of the body has run into rapid putrefaction.

*Theory.*—This state of the brain has been called *congestion*, or *venous congestion*; the supposition being, that such a turgid state of the veins existed during life, and was the cause of the symptoms that appeared. But no anatomist will, I think, admit of this being the case. It is not because the *veins* are found turgid with blood after death, that you are to conclude they were in this state during life. On the contrary, there is nothing here that does not take place in other parts of the body at the time of death; the arteries, by their greater contractile power, forcing their blood into the veins; for where the latter are in this state of extreme turgidity, there is very little blood found in the great arterial trunks at the basis of the brain. This unusually distended state of the *veins*, is only an evidence of a more violent action of *arteries* having existed during life, and of which there is every proof in the violent throbbing of all the arteries of the head and neck, and the suffusion of the eyes and cheeks, with the increased heat of head, that both precede and accompany this apoplectic state of fever. The *veins* themselves are passive on the occasion: they cannot *draw* the blood into them; the blood is not *congested* in them, (to use a barbarous term,) in such unusual quantity, by their own agency; they are merely the recipients of what is sent into them by the *arteries*, which are the only active agents in the matter. Such a state of *veins*, therefore, is but a proof of the increased activity of the *arteries*, which empty themselves into the veins as the last act of life, similar to what takes place in all other parts. It is the *arteries* then that are in fault in this case, and not the *veins*; and we are mistaken in supposing that what is seen after death, is that which exists during life: the very reverse being rather the case.

The *arteries* of the brain throbbing violently, and becoming distended in consequence, press upon the *veins* on the surface, notwithstanding the remoteness of their situation; for the medium between them (the cerebral substance) being incompressible, the effect is readily transmitted to the *veins*, which, in this case, are the only compressible parts. Thus, then, in the state of the brain now described, the circulation through the organ is necessarily impeded; and to this impediment, or stagnation, (the result of previous arterial excitement,) is to be attributed the interrupted state of the *sensorial functions* that marks this variety of fever, and which may take place in any degree, according to the violence of the arterial action, in other words, of the inflammation that is going on in the brain.

In this way, you will have no difficulty, I think, in understanding the state of oppression in which the brain is in regard to its functions, in this peculiar form of fever. There is no pain complained of, for there is no sensibility. It is not a state of *general debility*; for the heart and arteries continue to act for a time with little or no diminution of power, as may be gathered from the pulse. By continuance, however, the influence of this apoplectic state of brain, comes to be felt throughout the system. First, the *muscular* power gives way; and next the *vascular*, especially the extreme parts of this system. The prostration of strength and convulsive movements of the *voluntary* muscles, are succeeded by an almost paralytic state of the *involuntary* ones, the *sphincters* of the different excretory organs; which allow their contents to escape, from their want of power to contract. There is a want of vitality also, and consequently of contraction, in the extremities of the vascular system; which serves to account for the hæmorrhages, both external and into the texture of the skin and other parts, which mark the worst cases of this disease. The *blood* itself appears to be deficient in the vital principle, as may be concluded from its

imperfect coagulation, and its greater tendency to decomposition. This defect of vitality in the extremities of the vascular system, is further shown in the tendency to *gangrene* that appears where the skin is slightly injured by pressure of the simplest kind. The black and putrid *sordes* that collect about the mouth, are a sign of the general tendency to death and decomposition. *Respiration* is difficultly carried on, from the want of muscular power; the patient being only able to breathe when lying on the back, a position which leaves the muscles of respiration free to act. And as it is, this function is very ill performed, if we may judge from the unnatural kind of breathing, the deep sighing, and the dirty sallow hue of the skin altogether.

The *prognosis* in this kind of fever is unfavourable, because an organ that is essential to life, and upon which all other parts more or less directly depend, is rendered nearly incapable by disease, and that of the most active kind, of carrying on its functions. Few, accordingly, recover from the worst cases of fever of this description. The degree of danger is to be estimated chiefly from the degree of oppression of the *sensorial* or *special* functions of the brain; but partly also from the state of the general circulation; in reference, however, rather to the state of the capillaries or extreme vessels, than to the state of the pulse, which may preserve a tolerable share of strength and fulness where the danger is great and imminent.

The *treatment* of this form of fever is difficult, and for the most part unsatisfactory. If we could rely upon most that has been written on the subject, it would be a very easy matter; for little appears to have been thought of, but how to counteract *putridity* by *antiseptics*, and to *support the strength*, as it is absurdly termed, by *bark* and *wine*, *ammonia*, *camphor*, and other *stimulants*. Now such practice is neither good as a matter of experience, nor is the principle upon which it is founded deserving of any attention. As to correcting putrefaction by *antiseptics*, the notion is too chemical to be physiologically true: there is nothing so simply chemical as this idea supposes, taking place in living bodies. There is no actual state of putrefaction in the fluids of a living animal; such a state would be incompatible with life. The utmost that can be allowed in this case is, that the *secretions* and *excretions* run rapidly into putrefaction; and that there is a more than usual tendency to decomposition observed both in the solids and fluids altogether (with the exception of the brain itself, however, which in these cases is less disposed than ordinarily, to decomposition and decay). But this tendency is a consequence of the disease, and not the disease itself; nor a cause of it. It is an effect of the want of vitality that exists throughout the system, arising from the oppressed state of the brain, and the consequent interruption to the supply of nervous energy to the rest of the body. I need not remind you how much the general system depends for its activity, and even its vitality, upon the brain, as the great centre of the *nervous power*.

If, then, the putrescent tendency (and there is evidently nothing beyond this) is merely a consequence of defective vitality throughout the general system, it is plain that much is not to be expected from the use of chemical agents, under the name of *antiseptics*, for correcting putrefaction. They can have no such effect in the blood vessels; and their application to the secreted fluids, after their formation, and when they are about to be discharged from the body, can be of very little use. *Diluted acids*, acescent fruits, and the like, are unobjectionable; but if they are really useful, it is by their *refrigerant* or *sedative* operation, and not strictly as *antiseptics* or *antiputrescents*. Such medicines as *camphor*, *bark*, or other *stimulant* means, are in most cases positively injurious, as tending to aggravate the inflammatory state of brain, in which the disease primarily and essentially consists.

The employment of *wine* and *bark*, and other *stimulants*, in this variety of fever, is founded on a false indication, arising from a misconception of the real nature of the disease, namely, that it consists in a general debility of system, requiring excitation for its relief. But even admitting that *debility* were the essence of fever of this description, it would be difficult to understand how *stimulants* should relieve it. *Stimulants* increase *action*, not *strength*: they give no new power to the system, but merely occasion a greater exertion of that which already exists; with the effect, rather, of exhausting it, by the over-exertion thus occasioned. The language usually held on these occasions, "of supporting the strength," is absurd; for it implies no less than that we have the means of increasing the *vital power* by drugs. And as to increasing *action*, this is already in excess, as far at least as regards the vascular system, upon which *stimulants* exert their chief influence. If *stimulants* are really useful in these circumstances, it is upon other principles than those now stated that their usefulness is to be explained. It is altogether a question of experience, and to be decided by observation.

Now if you ask me, what is the result of my own experience on the subject, I must answer with some degree of hesitation, and in a qualified way. At the outset of this, as of fevers in general, I believe the use of *stimulants* to be highly injurious; because

at this period, there are the most unequivocal proofs of violent arterial action going on in the brain; and the tendency of such remedies to increase this, is quite obvious. But in an advanced stage of the disease, the treatment proper to be pursued, is not so easily determined. Admitting that the brain is in the state I have supposed—that the circulation there is impeded, almost to stagnation; and that this is occasioned primarily by excess of arterial action, producing its usual effect, distention, and, as a necessary consequence of this, compression of veins; it does not follow of necessity that *bloodletting* is the proper remedy, at least in the more advanced stage of the disease.—The object, I apprehend, in such cases, is to restore the circulation in the brain, in order that the organ may resume its functions, the interruption of which is the cause of the leading symptoms. But this requires a two-fold condition; *first*, the return of the distended *arteries* to their natural calibre, in order to give the *veins* room to expand, so as to be able to transmit the blood from the arteries; and *next*, the restoration of the action of the arteries that are to propel the blood into the veins. But where the action of the heart and general vascular system is so much enfeebled, as is the case in the advanced stage of this disease, the taking away blood seems calculated to prevent that restoration of action in the arteries of the brain that is essential to a renewal of the circulation there. Loss of blood to any great extent, under such circumstances, seems more likely to accelerate death than otherwise. This objection applies only, however, to a copious abstraction of blood. I have reason to think, from observation, that the abstraction of small quantities of blood from time to time, to the amount, for instance, of not more than three or four ounces, in cases where the pulse still preserves a moderate degree of strength and fulness, is really serviceable; and I have not observed it to be prejudicial in any case, when employed only to this extent. It must not be forgotten here, that hæmorrhages often occur spontaneously in these circumstances of fever, and apparently with the best effects.

But does it follow, because large *bloodletting* is injurious, that a directly opposite mode of treatment must be beneficial; namely, the large use of *wine*, *camphor*, *snakeroot*, and other active *stimulants*?—I think not. Such practice is not reconcileable to the apparent nature of the disease; nor is it, I believe, supported by experience. If the circulation of the brain be in an almost stagnant state, and this arising from violent action of its arteries, as the early symptoms lead us to believe, it is difficult to conceive that such a state could be relieved by violently exciting the action of the heart and arteries altogether, and thereby determining a greater flow of blood to the brain. Such practice seems rather calculated to aggravate the essential part of the disease.

It must be confessed, at the same time, that many practitioners of no small celebrity, have advocated the large use of wine, as well as other *stimulants*, in the state of fever mentioned; and that upon the alleged ground of experience. This has been so confidently asserted, that I have been induced on different occasions to make trial of such means, and have still more frequently watched their employment by others. But after the most attentive observation, I have seldom seen reason to believe in the efficacy, or even the safety, of such practice. On the contrary, it has often evidently done harm: the patient has become more restless, the heat of skin has been increased, the pulse quickened, the tongue rendered more dry and discoloured, the *sensorium* more distended, and the disease altogether rendered worse by such treatment. Patients so treated, have, no doubt, now and then recovered; but by no means in such proportion, nor with such circumstances, as convinced one of the propriety of the practice altogether.

The treatment which has appeared, according to my observation, to be unequivocally useful, in the form of fever usually termed *putrid* or *malignant*, is very simple, and may be briefly stated. At the outset of the disease, and within a day or two of the attack, *bloodletting* ought not to be dispensed with; and it should be employed with freedom; recollecting, that the disease is both more liable to occur, and is attended with greater danger, in robust subjects, than in those of more feeble habits. By such a measure, we anticipate the coming evil, and preserve the brain from the overwhelming influence of the continued inflammatory action going on: we prevent, in fact, as far as possible, the state of oppression in this organ, with all the other consequences proceeding from this source. It is a common opinion among practitioners, that *bleeding* in fever is dangerous, from its tendency to induce what is called the *typhoid* state. They seem to think, that a person in health might be thrown into *typhus*, by mere loss of blood. This is totally without foundation: the directly reverse is rather the case. Early and copious bleeding (proportioned, of course, to the habit and strength of the patient,) is, as far as I have seen, an effectual preventive of such symptoms; which arise only from excess of vascular action in the brain, not from debility, either local or general. I am so convinced of the truth of what I am now stating to you, that whenever I meet with what are termed *typhoid*,

symptoms in fever, I consider the case, nine times in ten, to have been either neglected, or improperly treated, in the beginning.

In the advanced stage of the disease, when the functions of the brain are almost annihilated, and the general vascular system greatly reduced in its action; and when the symptoms termed *putrid* or *malignant* have actually made their appearance; such as *petechiæ*, *vibices*, *hæmorrhages*, and the like; little, I believe, can be done with effect by the aid of medicine. *Cold* should be applied to the head, upon the same principle that we use it in a case of intoxication, that is, with the view of diminishing arterial action within; and, at the same time, as the most probable means of producing constriction of the distended vessels. The heat of the surface, which is generally in excess, should be reduced by cool air, by moistening the skin, or by the still more effectual mode of *cold effusion*. This, by constricting the external vessels, is calculated to support a better action in the internal organs, and to afford a more effectual supply of blood to the brain; at the same time that the excessive action of its vessels is diminished, and brought within moderate bounds. A very limited employment of wine, and that diluted, is, I believe, also serviceable in such a state of things; provided it is not found to flush the cheeks and increase the restlessness, as it often does. *Blistering* is an equivocal remedy. *Purging* by the more irritating cathartics, such as *calomel*, is highly objectionable, as being likely to be followed by inflammation in the intestinal canal, an occurrence that, however slight, adds greatly to the danger of the case. Inflammation, wherever seated, in such a state of fever, is sure to assume an unfavourable character, so as quickly to end in the destruction of the part. The daily evacuation of the intestines is proper, but it should be effected by the mildest means.

*Tonics*, as they are called, the *Peruvian bark* and the like, have been strongly recommended by some practitioners, and were for a long time largely employed in these cases. But as their use was founded in the hypothetical notions of *putrefaction* of the *fluids*, and *debility* of the living *solids*; and as they failed, for the most part, to produce the effect expected from them, they have become now nearly obsolete for such purposes. To a certain extent, however, they appear to be really useful. In cases where the pulse has become soft and weak, and where the skin and the tongue are moist, a slight preparation of the *bark* or *bitters*, may be employed with advantage.

In our next, Gentlemen, we shall have to consider the *third* variety of *simple continued fever*, the *low nervous fever*, or *typhus mitior* of Dr. Cullen.

# FOREIGN DEPARTMENT.

## SURGERY.

### *Case of complete Extirpation of the Carotid Gland, by* LISFRANC, *at La Pitie.*

THE extirpation of the parotid gland may be ranked among the boldest attempts of modern surgery, and exhibits another proof of the many advantages which an accurate anatomical knowledge confers; a knowledge which enables the surgeon to dissect his way among the most intricate and important tissues without injury, and enables him to throw aside, as idle declamation, the rules which had been so long admitted in practice, as the immutable dogmas of the science. So many well-authenticated cases of the extirpation of this gland are now recorded in surgical history, that to persevere, as some still do, to contend for its impossibility, would evince an obstinacy impregnable to all rational evidence. We may just mention that Goodlad of Bury, Carmichael, Klein of Stuttgard, Walther of Bonn, Beclard of Paris, and Prieger of Bavaria, have all performed the operation successfully, as regards the immediate consequences of the operation. Gensoul, principal surgeon of the Hôtel Dieu at Lyons, has extirpated two parotid glands; one of the patients died, but in neither case was the carotid previously tied. In the *Revue Medicale* of December last, the following history of a similar operation having been performed by Lisfranc, is recorded.

It appears that the patient was sixty years of age, and that he entered the Pitie on the first of June 1826, for the purpose of being relieved from the inconvenience which a large tumour, on the side of his face and neck, had occasioned. The side on which the tumour was formed is not stated, but its size is said to be about that of a man's fist, extending forwards to a line drawn vertically from the inner angle of the eye, reaching upwards as high as the zygomatic arch, and downwards as far as the inferior part of the thyroid cartilage, being buried beneath the sterno-mastoid muscle, and carrying the lobe of the ear outwards. It was elevated irregularly, hard in some places, and gave a feeling of fluctuation in others; the skin was red and adherent to the whole surface of the tumour; it was moveable enough in front, but it was at the same time easy to discover that certain parts of it projected beneath the lower jaw, and in the direction of the external carotid artery. The patient was operated on on June the fifth. He was laid upon the right side, (from which we learn that the tumour must have been on

the left side,) and properly secured; two semi-elliptical incisions were made, commencing on the summit of the tumour and meeting at its lower extremity. The effusion of blood that followed this incision was abundant; the transverse facial arteries, the mastoideal and auricular were divided and immediately secured. The two flaps were then dissected back sufficiently to expose the tumour, which was taken hold of with a large forceps and pulled outwards, whilst the operator tried to separate the adhesions existing between it and the masseter; this attempt was ineffectual, as it appeared fastened to the neighbouring parts by a mass of firm fibrous bands, which required the aid of the bistoury to sever. The tumour was then dissected from before backwards to the posterior edge of the ascending plate of the lower jaw, and it then became necessary to proceed in a different direction. The cancerous swelling was drawn forwards, and at the same time outwards, and the same sort of fibrous bands were found on its back part, which required to be separated by the bistoury. This dissection was very difficult, and, as might be expected, very painful; the sterno-mastoideus was relaxed as much as possible, and drawn outwards. Toward the lower part of the wound the sheath of the common carotid artery was exposed for about two inches, and the fibrous bands were so firm that they required almost every moment the use of the knife; some of them reached almost to the transverse processes of the two first cervical vertebræ, and to the styloid process of the temporal bone; these required to be divided with the greatest caution, and the tumour was almost separated; on reaching, however, almost to the condyle of the lower jaw, some processes of the tumour were seen to pass inwards toward the pterygoid fossæ, and on putting the finger on one of these columns the trunk of the temporal artery was felt pulsating. This it was found necessary to divide; a jet of blood immediately spouted forth to the height of several feet, and, as soon as possible, an assistant made pressure on the mouth of the divided vessel. The whole of the tumour was laid hold of with a large pair of forceps, and pulled so forcibly outwards that the peduncle by which it remained attached to the deeper-seated parts was torn through. An abundant flow of blood issued from the cavity, apparently from the internal maxillary artery, which Lisfranc arrested by placing his finger on the bleeding vessel.

The patient, who had supported the operation with great courage, now grew faint, and all the bleeding vessels were compressed with the greatest care; the wound was at least four inches long by three wide; some wine was given to the patient.

The vessels were compressed, and the patient, thus secured from the further danger of hæmorrhage, was allowed to remain quiet about ten minutes, to regain a little vigour; the arteries were then secured by ligatures. The wound was dressed with charpie, and secured by compresses and an appropriate bandage.

*Examination of the Tumour.*—On its upper part was found a portion of the trunk of the trifacial nerve, which had been cut through, and all its ramifications. The tumour was of a fibrous character throughout, harder in some parts than others, and in a state of cerebriform degenerescence (et à l'état de dégénérescence cérébriforme) rather an obscure phrase. The day after the operation the patient complained of pains in the head and neck; the side of the face from which the tumour was removed is quite paralysed; the eyelids could not be closed; the mouth was slightly drawn to the right side; there was some difficulty in performing deglutition, but it was more difficult to the patient to speak. On the 9th, suppuration was established, and the pus appeared of a good character; the dressings were now removed for the first time. On the 17th, all the ligatures came away. The case appeared to have gone on very well up to the 10th of July, when the patient was seized with violent gastric affection, and died on the 16th of that month.

Lisfranc presented the preparation to the Academy of Surgery, and dissected it in the presence of the members, to show that the parotid gland had been almost totally removed.

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### *Description of an Instrument for inspecting the Urethra and Bladder.**

M. Segalas has lately invented an instrument by means of which the interior of the bladder and the urethra may be examined by the eye; to this instrument he has given the name of *speculum urethro-cystique*. The apparatus consists,—1st, of a cylindrical tube polished in its interior, and open at its extremities, intended to be introduced into the urinary passages, and, consequently, varying in length and size according as it may be required to examine the urethra or bladder in one sex or the other; 2dly, of a conical mirror having a base of two inches and a half, and a height of three inches, truncated at its summit, and forming part of tube before named, so as to constitute with it an infundibuli-form extremity; 3dly, of a concave and circular mirror of four inches in diameter; 4thly, of two small tapers; 5thly, a gum elastic canula of a sufficient

* Revue Medicale, December, 1826.

size to fill exactly the cylinder first mentioned.

The mode of using the speculum is as follows: the polished cylinder is to be introduced like an ordinary catheter, which introduction will be assisted by the tube of elastic gum in its interior, through which the contents of the bladder are emptied; the elastic catheter is to be immediately withdrawn. Place the two tapers lighted in front of the conical reflector, so that their flame may be parallel to its base.

The description which follows this is not very clear; but it appears that the light of the tapers being reflected from the conical mirror along the polished surface of the metallic tube to its extremity, and that tube being brought almost into a straight line, the light is again reflected from whatever substance may be at the bottom of the tube upon the concave mirror, which is attached in a proper direction at its anterior or exterior extremity.

M. Segalas informed the Institute that the light accumulated at the extremity of the urethral tube, would enable a person to read the smallest printing type at the distance of fifteen inches, and that in the most obscure place. By varying the dimensions of the speculum, the same sort of apparatus may be used for the inspection of the rectum, vagina, and ear; and with a trifling modification, M. Segalas observed, it would enable the surgeon to examine the nasal fossæ and pharynx in a more satisfactory manner than with any other apparatus.

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*Amputation of the Neck of the Uterus.*

At a recent sitting of the Academy of Medicine, Lisfranc mentioned a curious case of amputation of the neck of the uterus that had fallen under his care. The patient became *pregnant in fifteen days* after the operation; and at the time Lisfranc mentioned this fact to the Academy, gestation had advanced to the ninth month without any remarkable circumstances. The wound had not completely healed until the expiration of two months.

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THERAPEUTICS.

*Employment of the Acetate of Ammonia in Cases of Difficult Menstruation.**

Jules Cloquet, surgeon of the Hôpital St. Louis, has inserted the following observations on the use of acetate of ammonia in dysmenorrhœa.

Mdlle. B., of a nervous temperament, had experienced for the seven or eight years that the menses had appeared violent colic-like pains about these periods, which continued for six or eight hours. The sufferings of the young lady were so great, that she was frequently obliged to roll herself on the floor; her countenance was pale and anxious. Many practitioners had been consulted for the removal of these symptoms, but without success.

M. Cloquet having heard that the acetate of ammonia had been used in such cases by Professor Mazuyer of Strasburg, determined to try it in the present instance; he gave the patient fifty drops of the acetate at twice, the interval being half an hour, in a glass of *eau sucrée*; (sugar and water;) after the first dose the pains began to abate, and after the second they disappeared entirely. These circumstances not appearing satisfactory to stand in the relation of cause and effect, M. Cloquet determined to try the same remedy at the very onset of the pains on the next occasion. He then gave the patient *thirty-six* drops of the solution of the acetate in a glass of the sugar water, and the pains, far from continuing to increase as they had been accustomed to do, instantly began to diminish, and, in half an hour, disappeared altogether, on the administration of a similar dose. From that time, she had never experienced any difficulty or inconvenience on such occasions.

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*Case of a Pulmonary Affection, accompanied with Hemoptysis, cured by Animal Magnetism.*

Every practice may be said to have its cures and victims, as every faction its defenders and opponents. The *Hermes* appears as the defender of the Mesmerian fooleries, and continues to proclaim the triumphs of animal magnetism, with a pertinacity difficult to resist. It has always appeared to us an extraordinary circumstance, that a man possessing such extensive erudition as the conductor of that journal has evinced, should be weak enough to be the dupe of a band of medical fanatics. The case now published in the Hermes, (November, 1826,) was furnished by Dr. Chapelain, who regards it as an irrefragable proof of the salutary action of animal magnetism, as a therapeutical agent. The patient was a young lady aged twenty, affected with a disease of the chest, which Dr. Chapelain has forgotten to describe, but which he says was accompanied with a dyspnœa, pains in the right side, a constant cough, with an abundant sanguineous expectoration. Having tried the usual remedies without benefit, she consulted a Mr. Dupotet, who recommended magnetism, and who put it into practice. Immediately after, the patient felt a severe nervous agitation,

* Archives Generales de Medicine, December, 1826.

followed by tranquillity and sleep; but for some reason or other, the young lady preferred to be magnetised by Dr. Chapelain, who appears to have inspired her with great confidence from his previous attentions. After the third magnetisation, the sanguineous expectoration disappeared; the cough and the pains in the head had sensibly diminished, and the patient took as a drink some *magnetised water*. A thing very worthy of remark, says the Hermes! Each time that Dr. Chapelain presented his hand before the epigastrium of Miss C., she felt an extremely painful impression, which was only to be removed by his making a number of transverse passes on the same parts. Whenever this able magnetiser passed his hand any where else, the young lady experienced the greatest benefit. This sort of ceremony was carried on for about eight days, when the cough and expectoration entirely ceased, and the health was completely restored. The young lady then went into the country, where she continues to enjoy the best possible health.

In the same number of the *Hermes*, is a sort of formal protestation in favour of animal magnetism, made by the last man we should have thought capable of committing such folly, namely, by M. Broussais, of gastro-enterite notoriety, together with some Dr. Fraport. This document is a curious one, and considering the respectable source from which it emanated, we shall transcribe it at length:—

"The undersigned having been made acquainted with a fact in appearance, at least very extraordinary, attributed to animal magnetism, thought that they ought not to refuse to certify it. The undersigned learnt that the Dame Dorothée, decorated with the cross of the legion of honour, for brilliant military feats during the imperial dynasty, had been put by Madame Touchand into a state fit for magnetic sleep; that during that sleep, she declared that she had seen a pin in her stomach, which, as she declared, she was altogether ignorant of having swallowed; and moreover, that she had predicted the moment of the expulsion of this pin by the aid of a half a pound of little fish, which she had ordered; lastly, that the event had verified the prediction; and, strange to say, the stomach, which had before rejected every species of aliment, had, under the hands of the magnetiser, digested without inconvenience this half a pound of fried fish. It was announced to them, (the undersigned,) moreover, that the same patient, in a state of pretended somnambulism, had also distinguished in her stomach a long hair, to which, with the pin, she attributed the serious disorders which she had experienced in this organ; it was announced to them also, that she had foreseen at what hour she should pass the hair by the intestinal canal, which was to take place on the 17th of November, 1826, at seven in the evening. The undersigned, in consequence of the announcements, visited Dame Dorothée on the 17th of November, at two, and were informed of the manipulations employed by Madame Touchand, to bring the patient into this pretended magnetic sleep. These manipulations consisted of different movements of the hand carried repeatedly along the trunk and lower extremities from above downwards. Madame Touchard fixed one of her hands several times on the epigastrium, or hypogastrium, whilst the other hand was applied on the forehead, the thumb being placed just at the root of the nose, and the index finger on the coronal suture. After this manœuvre had been repeated for a few minutes, the patient appeared to sleep; the pulse was quickened, and the respiration slow and stertorous. When asked if she slept, she said, yes. When asked if she should void the hair that evening at seven, she confirmed her former prediction with more precision; she said it would happen at half past seven. She announced moreover, that there was a mass of black flesh in her uterus, and a thread tied to it. On being asked if it were always in her uterus, and if she could predict the day and hour of its expulsion, she said that it had now fallen on the anus, this was her expression, and that it would be voided the day after to-morrow, at three o'clock. In the evening, at half past seven, and on the 19th at three, it happened as she had predicted in the presence of the undersigned, who took every precaution to prevent the chance of being imposed upon; nor, in point of fact, was there any reason to suspect that any such attempt was made. The hair was involved in a little mass of fish bones, in the midst of a considerable quantity of a bloody serosity, without any admixture of fecal matter. The piece of black flesh was about the size of the finger, and had a thread of about three inches in length attached to it; it was covered in part by a sort of envelope, and appeared something like a false embryo, with a portion of its umbilical cord.

We have forgotten to say that the manipulations used to awaken the soi-disant somnambulist, consisted of movements of separation, as if the person who magnetised wished to remove from the body a quantity of fluid which had been accumulated upon its surface. We state further, that the patient asked to drink during the state of artificial sleep, but that she was only capable of swallowing little at a time, and that with great difficulty. Now, how is this fact to be discussed? We give it only for the

purpose of exciting to more ulterior researches. We leave it to fools to laugh at that which is extraordinary, and who reject only contradictory things."

Paris, Nov. 25, 1826.

Signed E. Broussais.
D. Fraport.

If the *physiological* physicians, as the French call the followers of Broussais, make common cause with the *magnetisers*, we shall perhaps find, that ere long we shall have *des irritations magnetiques* instead of the *gastro-enterites*; and shall have the leeches, the diet absolute, and the gum water, superseded by the vertical and transverse strokes of the disciples of Mesmer. For our parts, we are content to be one of these fools at whom M. Broussais has affected to sneer, and cannot help thinking that he has been juggled by Dame Dorothée, although a member of the Legion of *Honour*.

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EXPERIMENTS AND REMARKS ON THE CIRCULATION OF THE BLOOD, BY JOHN DAVIS, ESQ. SURGEON, HERTFORD.

*To the Editor of* The Lancet.

Sir,—Perceiving, from the several reports inserted in The Lancet, that the "syphonic theory," which owes its revival to Dr. Barry, is very warmly and ably discussed at all the medical societies in the metropolis, and as it is connected with a subject to which I have paid some attention, I beg to lay the *result* of a few, out of many, experiments which I have performed on the blood-vessels, before your readers. It would occupy too much space in your valuable publication, to give the history of these experiments at large, as they may appear in another form; but any one, who may be desirous of doing so, may satisfy himself of the truth of the *results* which I shall mention:—

1st. The heart will continue to act, not only when entirely removed from the body, but even when all its cavities are laid open.

2d. The aorta, to nearly as low as the diaphragm, contracts and dilates alternately, with the contraction and dilatation of the left ventricle of the heart; but, below the diaphragm, and throughout all its branches, the vessel is perfectly at rest. This contraction and dilatation of the vessel, at its origin, is quite passive, depending upon the blood forced into it by the heart; because, when a ligature is placed round it, close to the ventricle, the action of the artery ceases, though that of the heart continues.

3d. If the current of blood, in any part of the arterial system, be stopped, and a ligature be placed on the vessel at a little distance between that point and the heart, when the first obstruction is removed, that portion of the column of blood which was obstructed will not move on again, provided it be not placed in a position for gravitation to act upon it.

4th. The only kind of motion which the arteries exhibit, is that of gradual dilatation and gradual contraction, according to the quantity of blood contained in them at the time. *They are always full.* We here except the root of the aorta, whose alternate contraction and dilatation is, however, very trifling.

5th. The diameter of the arteries is greater after death, than it is under ordinary circumstances during life. Hence, their calibre is not regulated by their *elastic* property during life. It is unnecessary now to inquire what other property regulates it.

6th. If an animal be allowed to bleed very gradually to death, the calibre of the arteries diminishes so much, as to render their tubes very nearly, if not quite obliterated. A short time after the animal is dead, the arteries begin to enlarge again, which they continue to do till they arrive at the passive point of their elasticity.

7th. If a ligature be applied round the root of the aorta, similar effects to those described in the last paragraph occur; but the arteries here do not quite empty themselves, for the animal dies in consequence of the chest being open, before they have had enough time to reduce their calibre to an obliteration. Under the above circumstances, the blood is very gradually squeezed forward into the veins. This property of the arteries is rather an impediment than an assistance to the heart, because it must render the friction greater; but the obstruction is rendered less, by the form of the arterial system being conical.

8th. If a ligature be applied round a vein, so as to take off the influence of the left side of the heart upon it, the blood in that vein, between the ligature and the next branch above, will remain quite at rest, provided it be not in a position to be moved forward by gravitation. Moreover, if the blood be pressed forward with the finger, it will fall back again against the ligature, if it be not pressed beyond the next valve.

9th. A ligature being placed on the inferior *vena cava*, the right auricle of the heart will not empty the vessel above the ligature by suction, or by any other power.

10th. A ligature being placed on the *aorta* close to the heart, the thorax, of course,

being open, the vessel becomes considerably enlarged below the obstruction, owing to the blood being forced against it from behind. Every one knows that when a vein is opened in the arm, the blood flows out generally with great velocity, though the vessel is intercepted between the orifice and the chest.

11th. If the chest be laid open, and the right auricle of the heart be also slit open, the heart will continue to act, and the blood will continue to flow out at the opening till the blood-vessels become empty, or at least as empty as they are found when an animal has bled to death.

The above experiments were chiefly performed upon rabbits, and it may be right to mention that the animals were previously deprived of sensibility, by dividing the spinal marrow where it leaves the skull. As opening the chest would have put a stop to respiration, there was nothing lost in the experiment by depriving the animal of sensibility, as the action of the heart continues the same.

Now let us inquire into the validity of Dr. Barry's theory, taking the above facts, as well as some others which may suggest themselves, as the foundation of our inquiry. His theory appears to hinge entirely upon two facts which he assumes; viz. 1st, a vacuum is produced in the chest; 2d, the surface of the body is exposed to the pressure of the atmosphere,—*ergo*, the blood must be driven from the surface towards this vacuum; supposing, of course, that the pressure extends through the medium of the muscles, &c. to the deep seated veins. Admitting the above mentioned facts for the present, there is another condition of things necessary before the blood can move towards the vacuum, namely, *a collapse of all the venous branches*. Let fluid be put into a bottle, or into any other tubular vessel, whose sides will not collapse under the pressure of the atmosphere, a vacuum produced over that fluid will make it rise but a very little way; for, as is evident, there is nothing to drive it up. The difference between a vacuum produced over fluid in a tube open only at one end, and that produced in a tube open at both ends, one of which is plunged in fluid whose surface is exposed to the atmosphere, is very evident. In the latter instance the fluid is driven up by the pressure of the atmosphere on its surface, whereas, in the former, the sides of the vessel, when unyielding, will protect the fluid from that pressure.

Every one knows that the blood is not *directly* exposed to the pressure of the atmosphere, in its passage from the left ventricle to the right auricle of the heart: the question then is, *do the vessels through which it moves, collapse under the ordinary pressure of the atmosphere?* It must be answered in the *negative*; for neither the arteries nor the veins, when exposed during life, show any tendency to collapse, until they are deprived of their contents. When the blood moves in a vein against its own gravity, that vein becomes enlarged, but its form is cylindrical; on the contrary, when the power of gravitation is allowed to act in assisting its motion, the vessel suddenly contracts very considerably, *but it still preserves its cylindrical form*. The fact appears to be that the vessels are constituted in such a way, as to be capable of sustaining the ordinary pressure of the atmosphere without collapsing. If the weight should be increased they would collapse, and their contents would, of course, be expelled towards a vacuum; on the contrary, when the pressure is diminished, as, for instance, under an exhausted cupping-glass, their calibre becomes preternaturally enlarged. The pressure of the blood within the vessel is equal to that of the atmosphere without, and the vessel itself is destined to preserve a particular form, size, &c. between these two pressures, due regard being paid to the power of gravitation on the blood within it.

In philosophical inquiries, it is difficult to attribute to each agent all that belongs to it, and no more. That difficulty presents itself in our present inquiry. From all experiments which have been performed on the veins, it is clearly proved that the supposed vacuum *alone* in the chest, will not move the blood forward in the veins; for, when the force from behind is taken off, the motion of the column instantly ceases. But the question then is, does this supposed vacuum contribute in *any degree* towards that motion? We will state the question thus: B is situated between A and C; B is influenced either by A or B, or by both; take away A, and let C remain, the influence on B ceases altogether; take away C and let A remain, the influence on B is as strong as when both A and C were present. In this case, the relation between C and B is null, because A influences B just the same, whether C be present or not. Now, as the motion of the blood proceeds in the veins just the same (we have no proof of its altering,) whether the influence of this supposed vacuum be intercepted or not, (which is done by applying a ligature above, and opening the vein below, or by cutting a vein across,) the influence of that vacuum on the blood cannot be necessary to the motion of the fluid. Reverse, as the blood remains unaffected, when the influence of the vacuum is allowed its full scope, provided the *vis a*

*terge* be removed, the relation of such a vacuum with the blood is proved to be null.

We next come to the point of inquiry, whether or not there be a vacuum produced in the chest during *inspiration*?

The above question may, perhaps, be answered in a very short way, by asking another; namely, *Is there a vacuum produced between the outside of the chest and the surrounding atmosphere during* EXPIRATION? In fact, *no time* expires between the elevation of the ribs and the chest being filled with air. The elevation of the ribs is an involuntary act, caused, of course, by necessity, or, in other words, by a process of causation, for the preservation of the individual, like any other involuntary movement of the system; and at the very instant the ribs are raised, the lungs expand with atmospheric air. There is no more vacuum produced here, than there is when a body is moved from one place to another. Does the pendulum of a clock leave a vacuum behind it each time it changes its situation? *The chest is always full*, during both inspiration and expiration, so that the pressure on the roots of the veins must be the same; at least, differing so little as not to affect the motion of the blood in them. It may be noticed, that the motion of the blood is a little influenced by the quantity of air in the chest at the time; but this only proves that the *cells* through which the blood passes in the lungs, are expanded mechanically during inspiration, so as to allow the blood to pass through them more freely than when the lungs are in a collapsed state.

With respect to the right auricle of the heart, a vacuum is prevented there by the left ventricle acting at the *very instant* that this auricle dilates. The blood is the same to the cavities of the heart, as the atmospheric air is to that of the chest.

In conclusion, the following fact, known to most, proves that a vacuum is by no means necessary to the circulation of the blood:—The blood moves as freely through the veins when the chest is laid open, as it does when the animal breathes. If it can be proved that *absorption* also will go on when the chest is open, it will follow that the relations of the absorbent vessels with the atmospheric pressure, are similar to those of the veins and arteries.

Hertford, January 30, 1827.

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## MEDICAL SOCIETY.

St. Thomas's Hospital, Feb. 2.

DR. RILEY presented to the Society, in the name of DR. WILLIAMS, the organs of generation of a female, in which a fistulous communication existed between the lower extremity of the colon and the uterus.

The patient, a woman of very irregular habits, had died of erysipelas of the face, complicated with arachnitis and entero-gastritis. Although incapable of returning a satisfactory answer as to her sufferings, she manifested some uneasiness when the hypogastric region was pressed upon.

The great omentum adhered to the left appendage of the uterus; a small quantity of yellow serum was found in the cavity of the pelvis; the subserous vessels of the fundus of the uterus and appendages were much injected with blood.

The right fallopian tube was pervious from its fimbrious extremity to within three-fourths of an inch of its uterine extremity, where the tube became of a very dark red colour; the obliteration of the ovum appeared, its place being occupied by a collection of pus of the size of a pea; the peritoneum was here of a dark red, and presented a very minute perforation; the left tube, at the same distance from the uterus, was also of a dark red colour, obliterated and softened, but its peritoneal coat was not perforated.

The fundus of the uterus red, but of a lighter shade than the above mentioned portions of the tubes, more globular than common; adhered to the great intestine at about 9 or 10 inches from its usual extremity. The mucous membrane of the intestine was of a dark red, mixed with a number of blackish specks, thicker and firmer than ordinary. At the point where it adhered to the uterus, was a cavity of a circular form, half an inch in diameter, it formed by the destruction of the coats of the intestine; from the bottom of this cavity a body of the size of a small goose-quill could be pressed into the cavity of the uterus along a fistula running parallel to and at about three fourths of an inch to the inner side of the left horn of the uterus. No fæces were found in the fistula, nor in the uterus, but its inner surface resembled in colour, the uteri of women who die during menstruation, (which was not the case however, in the present instance.) The mucous membrane of the vagina was of a livid red; the nymphæ were much swelled, and covered with a number of irregularly circumscribed yellow spots, of a semi-membranous substance.

A number of livid venereal vegetations were seated around the meatus urinarius and fourchette.

# THE LANCET.

*London, Saturday, February*, 10, 1827.

If the efforts of the Surgical Reformers were directed against the existing Charter, merely for the purpose of effecting the dismissal and humiliation of the "Ruling Powers," they would merit little notice, and less support. The Members of the College have more enlarged views. It is true, their personal wrongs have been numerous, and that they are anxious to escape from the yoke of their present tyrants; but they are too magnanimous to require that this emancipation should be evidence of their persecutors' degradation. Feelings of animosity should ever be alien to the promoters of legislative enactments, otherwise greater injustice might be inflicted than that which it is proposed to remedy. When men descend to the gratification of feelings of revenge, they are always reduced to the level of their enemies, and frequently far beneath them in moral delinquency. The Charter renders the government of the College despotic in its most comprehensive sense—the Council are absolute in power—have *unlimited authority*—and are irresponsible. If, then, the Members are unceasing in their endeavours to remodel such a constitution, shall it be said that their conduct is prompted by feelings of revenge? Is there not in such a form of government sufficient to excite from a dread of the *future*, without even bestowing a thought on the past? Assuredly there is. In truth, it is so pregnant with mischief, and is so decidedly opposed to the welfare of the public and the best interests of the profession, that every Member of the College who does not energetically co-operate in the attempt to accomplish its reformation, must be deficient in either honesty or understanding. That by far the greater part of the *toad-eaters* that crawl around our Hospitals will refuse to attach their names to the Surgeons' Petition, is more than probable; because these reptiles, stupid as they are, can discover clearly enough that a liberal system of competition would be destructive to their hopes of advancement. They foresee that if there were *reform*, the "turning" of the College "wheel" would produce no *grist*; hence, such as they are, their labours are opposed to a change. These *toad-eaters*, with few exceptions, either are, or have been, apprentices to surgeons of the London Hospitals, and the identity of the latter with the Council of the College, we need not demonstrate.

There are other Members of the College who object to sign the petition, simply because they are too ignorant to estimate the advantages which it contemplates; these persons are of opinion, that our medical legislation is in excellent trim, and that they are right worthy and *learned* members of a most learned profession; hence they suppose that any alteration in our College would be attended with a loss of professional consequence; and being unable to comprehend *why* a change is required, they consistently, if not wisely, advocate "things as they are." As an index to this class of individuals, we will present the reader with a paragraph from one of their letters; and those who are acquainted with the nature of the examinations at the College, will feel no surprise that it should have been written by a *Member*; *we have ascertained the authenticity of the document beyond all doubt*, and as we use it in a good cause, rely on the forgiveness of the author:—

"*To the Editor of* The Lancet.

Sir,—I disaprove of your prosedins alltogether in that matter of the Colledge. You say they are not strict,—I say they are, and I can prove these words. When I was hexamined, they were werry severe. The late Mr. Chandler it was that hexamined me; and when it was over, (it lasted ex-

actly thirteen minutes,) he said my answers were werry cridetable. It seemed to me a werry awfull business; and all the hexaminers looked so serous, that I was werry frightened. Now you talks about haberrogating the Charter, and I suppose if you do this you will pull down the Colledge;—now this I think would be a great pity, has it is a werry fine building, and is a monnement of our respectability. I shall not sign the Partition, and all my friends will do as I do. I think it would be a werry great shame, to give the wenerrable hexaminers any more trouble.

I am, Sir, &c. &c.

——— Street, Feb. 1st, 1827.

We can assure our correspondent, if his friends were as numerous as the preparations in the Hunterian Museum, that the reformers would have no desire to see their names appended to the Petition; and whether there be subscribed to it *five*, or *five thousand*, signatures, it matters not,—the allegations remain the same; their truth or falsehood is not to be established by a stroke of the pen; *there must be inquiry*. As there is no doubt that a parliamentary committee will be appointed; as it is our wish that the fullest investigation should take place; and as it appears that our correspondent has given the subject a portion of his valuable attention, we will not omit to have him and a few of his friends who object to sign the Petition, summoned before the Committee. *Their* evidence would be exceedingly important, and of itself sufficient to satisfy any twenty-four rational gentlemen, that the government of the College of Surgeons requires some *little alteration* at least.

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The Grand Committee of St. Bartholomew's Hospital, roused at length by the repeated notices we have taken of the imposition, have issued an order which directs that the Box Carriers shall extort no more fees from the students, when they attend *post mortem* investigations. This was a most odious tax, and we congratulate the pupils on its repeal.

It is with regret we observe that the Medico-Chirurgical Society in Lincoln's Inn Fields, which for at least twelve years largely contributed by its *meetings*, its *library*, and its *transactions*, to diffuse useful knowledge, and to stimulate its members to professional investigations, has been gradually falling into decay from the period of its opposition to the publication of the reports of its proceedings in the pages of this Journal. Practitioners of talent and eminence were naturally suspicious of the veracity of statements of cases, and declarations of opinion, promulgated by men who dreaded publicity; hence they have deemed the discussions unworthy of notice, and neglected the periodical meetings; and it may with truth be now said, that the Society is one of comparative insignificance. This is strongly exemplified by the complete dearth of "Papers," by the paucity of its "Transactions," (and we hear that no more are to be published,) and by the most fatal symptom of all, the late resignation of many of its members. If more proof were wanted, it might be found in the circumstance that many eminent surgeons have refused to fill the office of President for the ensuing year!

Who can reflect on the approaching death of this Society, without endeavouring to trace the cause and course of its malady? On its birth, all the most respectable of the profession in the metropolis, as well as many in the country, enrolled their names amongst its members; we should only omit most of the *Odd Fellows* of the College of Physicians, Baillie excepted, who was its first President. A list of distinguished men, such as Cline, Cooper, Blane, Abernethy, Pearson, and many others, afterwards filled in succession that once honourable chair, whilst the important offices of Librarian and Secretary, were admirably executed by Bateman, Roget, Samuel Cooper, and Lawrence. The period when these men resigned their different functions, we may date as the *first* fatal symptom of the dis-

case which has now so nearly destroyed the constitution of that once excellent body. A different *grade* of persons has since come into office. The "Council," like their neighbours on the opposite side of the square, have become self-elected, and, we fear, corrupt. Papers of the lowest order of intellect have been admitted into the "Transactions," whilst others, infinitely their superiors, were either delayed or altogether rejected as unfit for publication—no doubt for the *wisest* of purposes.

The febrile disturbance has daily increased since the first attack of the distemper, and the severity of the now existing putrescent or *typhoid* symptoms, can be easily imagined, when it is told that the "best nights" they now have are "got up" by JEMMY COPLAND, whose *resurrection* from the *Mausoleum* appears to have been effected with a view to the performance of this duty; by *Doctor* JEMMY JOHNSTONE of *Carrickfergus, surgeon* and *libeller*; by ANTHONY TODD THOMSON, of loquacious notoriety and perversity; by poor RODERICK, the YELLOW GOTH, and editor of the Hole-and-Corner Case Books; by AUTHOR GUTHRIE, (at the serene age of 52,) *assistant surgeon* to DOWAGER LYNN, notorious for his eloquence, his grammar, and the pathos of his periods! and by those celebrated supporters of Hole-and-Corner Surgery, LITHOTOMIST SHAW, (who never forgets to ejaculate that he is the *brither* of Mr. CHEELS BILL); and COCKNEY MAYO.

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DIED at his house in New Broad Street, on Monday, the 29th ult., THOMAS ROBSON ELLERBY, Esq. Surgeon, ætat, 37.

Those who had the pleasure of Mr. Ellerby's acquaintance, will long regret his loss; he was a man of considerable talent in his profession, and his conduct was characterised by strict integrity in the practice of it. He was an ardent friend, and an agreeable companion.

Mr. Ellerby was a valuable Member of the COMMITTEE of Surgeons, who will experience some difficulty in adequately filling up the vacancy occasioned by his lamented death.

In the pages of THE LANCET we have often recommended, as a means of removing from the public mind a portion of the prejudice against human dissections, that SURGEONS, who, of all others, are the best acquainted with the utility of the practice, should insert a clause in their "last will and testament," directing the dissection of their bodies. Mr. Ellerby was a warm approver of this proposal, and frequently expressed his admiration of it in the most public manner, at the same time declaring that it was a practice he should adopt in his own will, and that he sincerely hoped his relatives would see that his wishes were fulfilled. That he strictly adhered to this resolution, the following extract from his will, executed only two or three days before his death, will abundantly show.

"For the guidance and instruction of those whom I may appoint as the executors of this, my last will, I do here set down what my wish is, concerning the disposal of my body:—After my decease, I request to be placed in a very plain shell or coffin, with all possible dispatch; that my friends and acquaintances be assembled as soon as convenient. Preferring to be of some use after my death, I do will, wish, beg, pray, and desire, that at the conclusion of such meeting of my friends and acquaintances, and at which I particularly wish those medical friends who have so kindly attended me through my long illness to be present, that the shell or coffin in which I may be laid, be placed in a plain hearse, with directions for it to be taken to Mr. Kiernan's, or some dissecting-room of an approved anatomical school, followed simply by the medical men in one or two plain coaches, and that they do there examine it to their full satisfaction, taking away such parts as may be of pathological utility. After which, that the remains be dissected, or made whatever use of the anatomical teacher at such school may think proper.

"This I do as a last tribute to a science which I have delighted in, and to which I now regret that I have contributed so little; but if this example, which I have set, and

designed for my professional brethren, be only followed to the extent I wish, I am satisfied that much good to science will result from it; for if medical men, instead of taking such care of their precious carcases, were to set the example of giving their own bodies for dissection, the prejudice which exists in this country against anatomical examinations, and which is increasing to such an alarming degree, would soon be done away with, and science proportionably benefited as the obstacles were thus removed. Nay, so far do I think this a duty incumbent upon every one entering the profession, that I would have it, if possible, framed into a law, that on taking an examination at a public College for license to practice, whether physic, surgery, or pharmacy, it should be made a *sine qua non*, that every one taking such license should enter into a specific agreement that his body should, after his death, become the property of his surviving brethren, under regulations instituted by authority."

He was attended during his illness by Drs. Clutterbuck, Armstrong, Davis, and Blundell; and as Doctors generally disagree, they presented no exception to the general rule, in the present instance. The three first however agreed that the heart and its investing membrane were principally involved, although there was a difference of opinion respecting the nature of the affection. Dr. Blundell, singularly enough, pronounced the case *hysterical*; aware of their opinions, Mr. Ellerby directed that his brain should be presented to Dr. Clutterbuck, his heart to Dr. Armstrong, his lungs to Dr. Davis, and if a *uterus* could be found, he desired that Dr. Blundell should have it.

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On Wednesday next, February 14, at four o'clock, the HUNTERIAN ORATION will be delivered by Mr. THOMAS. We have received several communications relative to the *back-door* on this occasion; and as the following, although short, points well to the subject, we select it for insertion:—

"Mr. EDITOR,—As we are to have an *Oration* soon, pray can you inform me if the *front door* is to be opened to *all members*, or must the greater part still go in at the BACK-DOOR?

A PURE SURGEON.

Harrow, Feb. 27, 1827.

P.S. If you don't know, apply to SIR WILLIAM BUZZARD."

We are sorry that we have no plea for obtaining such an interesting interview as the postscript suggests, being already in possession of the required information. The tickets are issued, and, lo! *Portugal-street* has disappeared! The front of the card bears the usual inscription, but on the reverse side there is *not* the usual inscription; it is of the whiteness of mountain snow, pure and undefiled, no longer bedaubed with a back-door invitation. The Members will now walk in as they ought at the front door of their own College, and they should bear in mind, that this privilege is the result of their spirited opposition to the mean and paltry measures of the COUNCIL. We last year, in the theatre of the College, told Sir William Buzzard and Mr. Abernethy, that the Members had passed through the back-door for the last time.

Let not the Members be deceived by any signs of contrition on the part of the "Ruling Powers;" REFORM must come from WITHOUT, and not from *within* the College. There can be no security for us, while the Council are irresponsible, and so long as they are allowed to *elect* their colleagues. An application to Parliament is the only measure that can have the effect of *establishing* and placing upon *a secure basis*, the RIGHTS of the Members. This is now the universal opinion. It was but on Thursday last that a most numerous meeting of the surgeons of BRISTOL took place at Reeves's Hotel in that city. H. Daniel, Esq. in the chair. Our correspondent states that it was *unanimously* resolved to *petition Parliament*. Thus following the example of the surgeons of London and Winchester. The aspect of our cause brightens daily.

Under the head St. George's Hospital at page 495 of our 176th Lancet, we printed the report of a case of Strangulated Hernia. It was inserted without note or comment, and thus rich in its naked beauty, it was our intention to have left it until after the appearance of Jemmy Johnstone's *April* Medico-Fudgico. The motive for this will presently be obvious enough. As the case occupies but little space, and as this Number may fall into the hands of many persons who had not an opportunity of seeing that in which it first appeared, we will here reprint it:—

ST. GEORGE'S HOSPITAL.

*Strangulated Hernia—Operation—Strangulation not relieved—Death—Dissection.*

Mary Burnett, aged 32, admitted with strangulated femoral hernia on the left side; she has been subject to rupture for two years, and thinks that she had not reduced it during this time. Since Wednesday last, the 4th inst., it had been more full, and she has had no motions since that day. On her admission she was afflicted with hiccup, sickness, tenderness over all the abdomen, and anxious countenance; the pulse about 108. She was bled, and put into the bath. A small tumour of the size of a walnut was felt in the usual situation of femoral hernia; this was cut down upon; and, on the sac being opened, was found to consist of a portion of omentum, much compressed, presenting the appearance a good deal resembling one of the common conglomerated glands in two small lobes. It had contracted slight adhesions every where to the inner part of the sac, and had a very narrow neck. The stricture over it, by Poupart's ligament, was not very tense; it was divided, and the mass returned into the abdomen.

Since the operation, leeches, weak solutions of Epsom salts, and, lately, a little castor oil, have been employed; as yet she has had no evacuation, nor have the symptoms abated. Her countenance is more unfavourable, expressive of more distress; the hiccup continues; the tenderness of abdomen is increased; a sense of fullness is experienced; pulse about 100; tongue deeply coated; vomited once just now, and continued in the same state till the 15th, when she died.

*Sectio Cadaveris.*

On opening the cavity of the abdomen, the stomach, duodenum, and jejunum, with the first part of the ileum, were marked with inflammatory appearances on the posterior coat.

It was found that she had been affected with double hernia; a portion of peritoneum had descended under the crural arch to the extent of about an inch, or an inch and a half, and a contiguous portion of peritoneum had got entangled between the fascia running up, and from the pubes inside the rectus abdominis muscle, forming a sac of about one-third that extent; into the latter a small portion of the ileum had been protruded and strangulated, forming the cause of death.

The piece of intestine adhered to the sac about three-fourths of its circumference, and was confined by the stricture formed by the fascia, and in a very high state of inflammation. Every part of the contents of the intestine was arrested by the stricture, and below it the intestines resembled a large *worm*; another portion had been strangulated in the sac, and had descended below Poupart's ligament, and which had been reduced during the operation; this portion showed the marks of compression it had undergone.

This report is so very satisfactory, so unequivocally lucid, and so particularly consistent, that at first sight one might almost imagine it had been written by either Gimbernat, Astley Cooper, or Lawrence; but the *archives* whence it was extracted, are scarcely less celebrated than the works of these authors, which will at once be confessed, when we announce that the above report was carefully copied from the *Case Books* of St. George's Hospital; consequently, it is an "AUTHENTIC REPORT!" There are, however, a few omissions in it which we will supply, whilst there are a far greater number of omissions that old Nick himself could not supply. The patient was admitted under the care (care?) of Mr. Rose, the *operator* was Mr. Rose, the conductor of the *post-mortem* examination was Rr. Rose, agd the *writer* of the report was Mr. Rose—what a Rose! what an astonishing Rose! "Many a flower is doom'd to blush unseen;" but such has not been the fate of the Rose of St. George's. His wishes, however, are far otherwise, as have been manifested by

his "Hole and Corner" propensities. Men of great wisdom are generally diffident, attached to solitude, and derive their chief enjoyment from the intellectual pleasures afforded by retirement. It is often said that modesty and genius ever go hand in hand; hence it occasionally happens that the most celebrated of the "Hole and Corner" surgeons, when before the public, carry with them more of the appearance of simpletons than of men of learning, and this merely from their extreme bashfulness. The hostility then of these gentlemen to the publication of LECTURES and HOSPITAL REPORTS arose from no other cause than the disrelish of *vulgar approbation*, always entertained by great minds! Convinced of the elevated character of their surgical exploits —conscious of the superiority of their professional attainments, they seek not the empty applause of the learned; and yielding to the impulse of their inclination, naturally retire to "Holes and Corners," for the purpose of avoiding the vulgar gaze of the wondering and "admiring million." But men of weak minds pursue a different course; thus we see that CANNING—BROUGHAM—PEEL — ROBINSON — LIVERPOOL — LAWRENCE—WARDROP — CLUTTERBUCK—CARMICHAEL—COOPER — ARMSTRONG — MACARTNEY, and many others, embrace every opportunity of presenting their offerings at the temple of science, and of submitting their mental fruits to the ordeal of public scrutiny, for the gratification of the public taste, and for the improvement and happiness of mankind. These, however, are simple men; and ought, from their ignorance, to dread the influence of public opinion; their reputation, they well know, must perish with their bodies; whilst that of the Council of our College, and the rest of the "Hole and Corner" Surgeons, will "live for ever in the records of 'Hole and Corner Surgery.'" Relinquishing irony, the use of which is scarcely warrantable on such an occasion, let us in sober sadness ask, if it be possible that the Report just read, is from the pen of a London Hospital Surgeon? And that such an operation, (taking into view the post-mortem appearances,) was the performance of a London Hospital Surgeon? Unfortunately, both must be answered with an affirmative. As to the Report, who ever beheld so much botheration, so much downright nonsense, within a similar space? and this is an "AUTHENTIC Report;" written, we presume, for the instruction and guidance of young gentlemen educating as surgeons! Fortunate pupils, to have such an instructor!

"A small tumour, the size of a walnut, was felt in the usual situation of femoral hernia; this was cut down upon; and on the sac being opened, was found to consist of a portion of omentum." * * * * * (Very well.) "The stricture over it by Poupart's ligament was not very tense; it was divided, and the mass returned into the abdomen." The *mass*! What mass? A mountain of omentum of the size of a *walnut*! A precious mass, truly! But what of the intestine? It does not appear that any was seen *during the operation*; the *post-mortem* examination, however, exhibited quite enough. The stricture over it BY *Poupart's ligament*! Why not have said, BY the "man in the moon?" The last description would convey about as accurate an idea of the *real* situation of the stricture, as the first. Under the head *sectio cadaveris*, we are informed, that the poor woman had been "affected with *double* hernia;" and having discovered that there is another case of this description on record, and as it is *rather* curious, we will publish a report of it in our next; meanwhile we will endeavour to learn *on what day it was* that Mr. ROSE operated, and having ascertained this, we will attempt to render him some little assistance in a further exposition of the *post-mortem* appearances.

We have been alive to the manœuvres of certain Accoucheurs, who are hard at work to get themselves created a Committee by the College, to examine their candidates in the *mystic* art. As these gentry *work* in the dark, we shall not fail to watch their proceedings, —apply probably an occasional *mora*, and, finally, if necessary, give them a "discharge." So inveterate, then, are the Council against General Practitioners, that rather than admit them to a seat in the Court of Examiners, they would erect an Extra Court. But let them refer to their Charter, when it will be seen *they dare not do it.*

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In another part of this day's Journal will be found a letter from Dr. Granville, which we should not allude to in this place, were it not for the *apology*, contained in the first paragraph, for the Doctor's perusal of The Lancet. As this extreme politeness is not altogether congenial to our climate, we do not know how we can better dispel the mystery in which it seems to be involved, than by informing our numerous readers that Dr. Granville was born and bred in the polite atmosphere of Italy. We beg to assure the Doctor, that we require no other *apology* from any man for perusing The Lancet, than the one so substantially and bountifully supplied every Saturday morning.

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## THE COLLEGES OF HENRY VIII. AND CHARLES II.

### *In honorem Collegii*, or the Licentiate's Oath.

*To the Editor of* The Lancet.

Sir,—It delights me, even when I cannot approve the doctrines or opinions maintained, to see the Press discussing freely every subject of human concernment, but more especially the important science which consists in a knowledge of the means of preserving life and restoring health, and the manner of exercising professionally the healing art. Under unrestrained discussion, truth and error will always ultimately, and soon find their proper level; and all private interests will be sunk in, or identified with, those of the community. It was a noble saying of Dr. Akenside, that he liked to see striking manifestations of freedom, if he was even occasionally knocked in the kennel. Of late years, the difference between the results of the discussions of an unfettered press, and the infallible dogmas which were wont to be issued authoritatively from colleges and schools of physic, has become particularly apparent. The public journals, whether daily or weekly, whatever may be said to the contrary by dignitaries who consider such channels of communication as *infra dignitatem*, are now regarded, by unbiassed and sensible persons, as both the most ready and the fittest arenas for settling disputes in the medical, as well as in other departments.

That an appeal to the tribunal of public opinion in this matter has become indispensable in this country, we have by far too many proofs to allow us any longer to doubt. The champions of the different branches of the medical profession, and of their opposing ramifications, have, for some time, been in the field; and much skirmishing has already taken place between them, with a view to establish the exclusive right of each to the privilege of bleeding the purse and person of that renowned capitalist, John Bull, Esq., who has for centuries evinced a notable docility, and unparalleled power of sustaining most inordinate evacuations, by every possible outlet. The system of the physicians, whether ordinary or extraordinary, of this celebrated personage, appears to have been a continued course of depletion, as if disease consisted in nothing else than vigour in excess. They have sought to strengthen his frame, by detaching portions of it to distant quarters of the globe, to invigorate his vessels by shedding his blood, and to enrich his treasury by emptying his pockets; and it now only remains for the patient and his friends, if he have any disinterested ones, to ascertain how much more of this superlative treatment he can bear, without absolutely giving up the ghost. For the description of persons who are thought, by their respective partisans, to be the most fit candidates for the situation of performers in chief, on the purse and person of the aforesaid productive patient, I refer you to the papers of some recent contributors to your own columns, and to those of other journals. Of these writers, some give the preference to fellows of the College of Charles II., some to its licentiates, and some to graduates of universities, who are neither the one nor the other; whilst others prefer pure surgeons, and others general practitioners. From their total silence respecting the patient, one would think they were of opinion that he ought not to be regarded in this matter, any more than if he were dead, and already laid out for dissection. All this contrariety of opinion, will, however, get us in time into the right path, and work out his salvation.

Entertaining these sentiments, you will readily believe that I am in no common degree rejoiced to observe the skirmishing of the videttes or outposts of the different branches and ramifications of the medical incorporations of London, gradually assuming the character of regular warfare. And when I say that I hope soon to see the battle generally raging, and the patient himself personally engaged in the combat, I do assure you, Sir, it is not from any abstract love of contention, but because I conceive it to afford the best chance of early obtaining a permanent beneficial settlement of all the points and questions now at issue. It appears to me indispensible to this end, that the public first, and afterwards the parliament, should become conversant with the whole of the subject; and this they can only do in consequence of the elucidations which may be elicited by the pretensions and dissertations of the various contending parties.

Allow me here to observe, that, having the diplomas of both physician and surgeon, I cannot, in any opinion which I may express respecting these branches, be presumed to entertain an undue preference. I do not see why they should be at all opposed to each other. It is certainly rational, and this point, I believe, is almost universally agreed upon, that their education ought to be the same; and that whether an individual practice in the one capacity or the other, or both, ought to depend upon his own selection, situation, and the choice of the public. Inasmuch, however, as cases requiring medical treatment are greatly more numerous than those requiring surgical treatment, so ought the number of physicians, where the subdivision of labour exists, to exceed that of the surgeons, as we find to be the case in France, and other countries, where monopolies do not prevent the due adaptations of the supply to the demand. Monopolies, therefore, whether medical, chirurgical, or pharmaceutical, which do prevent the due adaptation of the supply to the demand, and enhance proportionally the expenses incidental to sickness, ought, as being the chief cause of all the existing evils in the profession, to be forthwith abolished. And with respect to the general practitioner, it is self-evident that, in order to bring the members of the medical profession under their natural and proper divisions, he should become physician, surgeon, or pharmacien; so that, by discontinuing either the occupation of prescribing or dispensing, his interests may cease to be at variance with his duties.

Happily for the public, things have now arrived at that state, that peace can no longer be maintained amidst the monopolies and various pretensions of the different medical corporations, and their sub-divisions. The Devil may be said to have fairly got among the doctors. The corporations are in open hostility. They are individually in a state of civil war. Pupils are driven into revolt against their teachers. Schools are placed in opposition or collison. One would think that old Chaos was come again. But out of darkness cometh light. The results of the recent dramatic exhibitions at Bartholomew's Hospital will illustrate what I mean. The temporary confusion, and bloodless suspension of order, which have been so well described in your pages, were accompanied by a display, amusing, salutary and instructive, of the latent views and motives of all the principal performers, the disclosure of the hitherto well concealed tortuosities of a self-proclaimed straight-forward-man, and a prospect of the abolition, at one public Institution at least, of the law of primogeniture, or at any rate, of hereditary succession, in matters of medical instruction. The students, in this affair, deserve the highest praise. The young mind is prone to the straight-forward course, without proclaiming it. They will have their reward in the establishment of that superior system of education, and improved organisation of the medical profession, in which the present disturbances must necessarily terminate.

The first campaign of this *Bellum Medicinale* was regularly opened, as every one knows, by the corps of surgeons taking the field against the governing members of their College. The physicians had in the course of ages been repeatedly embroiled in wars, foreign or civil; and they are now again in a state bordering upon internal commotion. In the Medical and Physical Journal of last month, a fellow of the College of Physicians, under the signature of "Socius," adverts to "the hostility which *is said* to exist between the fellows and licentiates, *and to threaten some great disturbance in the profession.*" "*Said* to exist!" It *must necessarily* exist, either open or latent. The licentiates would be base indeed, if they could be contented with their lot. These reports "Socius" deprecates as tending to excite "*useless jealousies between those who ought to live upon good terms with each other.*" But, with all deference, their jealousy is, to the public, infinitely more useful than their harmony. Some of the circumstances connected with this civil war of the physicians are in themselves so curious, and involve principles of so important a nature, that it is my purpose here more particularly to examine them. Although the real and long accumulating causes of dissatisfaction are numerous, extensive, and deep, the privilege of visiting the Hunterian Museum has, on this occasion, by the College of Physicians, as well as by the College of Surgeons, been made the ostensible apple of discord. As trus-

tees of that Museum, the late censors of the College of Charles II. very properly wished to contribute to procure increased facilities of visiting it for the profession generally. But they found that, consistently with the terms of their trusteeship, they could not effect this for the licentiates on the same footing as the fellows of their own College, or the members of the College of Surgeons. This was taken in offence by the licentiates; and their complaints were promulgated by Dr. Macleod, also a licentiate, in the London Medical and Physical Journal, of which he is the editor. I do not mean to enter into the merits of such parts of this controversy as regard only the parties, but to examine such features as either involve a public principle, or regard the interests of the community. It is necessary, however, to this end, succinctly to state a few of the leading facts. One of the late censors, Dr. Elliotson, in the name of his colleagues, makes a reply. "The censors," he says, "were recommended to transmit some observations to the Yellow Journal (Dr. Macleod's). But, for them, as fellows of the College, to send *any* communication to the Journal of a man, who, *totally unprovoked*, has attacked the highest officers of the College in the faithful discharge of their duties, and cast a severe imputation upon the whole body itself, after solemly promising, before the whole College, on receiving his license, to do every thing *in honorem Collegii*, is evidently *impossible*." This brings me to the marrow of my subject, or the interpretation that ought to be given to the words "*in honorem Collegii*," which I have taken as the motto to my letter. But first I must observe, that the obligation, on the part of the licentiates, "*to do every thing in honour of the College*," is not in virtue of a mere "solemn promise," but in virtue of an *oath*; which oath, if I be not misinformed, is administered to the licentiate *on his bended knees!* Accordingly, Dr. Macleod complains, in an explanatory letter addressed to the President, that, "it is held up *as a violation of his oath* that he should presume to say that the censors have acted injudiciously, or that any of their brethren think so." I may here observe, *en passant*, that it is not a little curious, at this period, to see Dr. Macleod, a licentiate, mounting the very stilts of incorporative intolerance, whilst the highest officers of the College are meekly descending into the vale of liberal principles. The subsequent part of this letter will show with what propriety the licentiates consider themselves *members* of the corporation. But let Dr. Macleod speak for himself: "In the remarks alluded to," says he, "and which have given so much offence to the late censors, I commented on the questionable policy of their interfering with the Hunterian Museum at all at such a time; because I regarded their co-operation with those surgeons whose avowed object was the abrogation of the charter of their College, as calculated to embroil the two corporate bodies, and therefore as injudicious; —as contrary to all established etiquette in the profession, and therefore as in bad taste. And, I ask, in the event of public meetings being held by the licentiates to overthrow the authority, and destroy the charter of that learned body over which you preside, I ask whether, under such circumstances, it would not be regarded as a most ungracious act were the council, or any other officers of the College of Surgeons, to avail themselves of any influence their official situations might accidently give them, and to volunteer their services on the side of the licentiates?" If Dr. Macleod believes the supposition which he has here made possible to be realised, it only shows his total unacquaintance with the nature of incorporations. Besides, it was not to overthrow the authority of the College of Surgeons, but to facilitate admission to the Hunterian Museum, that the late censors of the College of Physicians co-operated, on this occasion, with the body of surgeons, if they can be said to have co-operated with them at all.

But to return to the obligation imposed by the licentiate's oath, to do all things *in honorem collegii*; it appears to me to be equivocal, and susceptible of different interpretations. If it be taken to mean that a licentiate is bound, indiscriminately, to support all the measures of the College, *per fas et nefas*—through thick and thin—then it is such an oath as it would be virtue in him often to violate, or such as it is impossible for any honest man always to observe. If the meaning, on the contrary, be taken to be, that the licentiate is bound, upon all occasions, to support the *real* honour of the College, this, so far from implying the necessity of approving the immoral or illegal acts of its members, would seem to enjoin the duty of opposing them. I should be glad to be favoured with the opinions of legal and other casuits on these points.

The truth is, that the licentiate's oath, as I conceive, is doubly illegal and doubly immoral. It is illegal, because no authority to administer such an oath was granted by the statute of Henry VIII., or any subsequent law, and because the licentiateship itself is wholly illegal. The oath and the licentiateship were both introduced in the reign of Charles II. (See an Exposition of the State of the Medical Profession in the British Dominions, &c. p. 186.) If either of these measures be authorised by law, let the College point out their legal sources. It is immoral, because the applicant for a

license knows no more of what will be required of him, in consequence of his oath, than of what is doing in the moon; and because most of the obligations, which he *afterwards* finds are thereby incurred, are both illegal and immoral in the highest degree. Can any thing under heaven, for instance, be more immoral than to administer, or to take an oath, the obligations imposed by which are carefully concealed by those who are to administer it, and cannot possibly be known to those who are to take it? One sweeping specimen will illustrate and include the whole. The statutes or by-laws of the College are assiduously concealed by the governing body, and consequently utterly unknown to the licentiates, who are yet required by their oaths to obey them; "Though a licentiate," says Dr. Wells, "is obliged to give his faith that he will observe their statutes, *he is never furnished with any opportunity of knowing what they are.*" Dr. Stanger swore that he had applied to the President and Registrar of the College for some information respecting their laws, but that both these officers had refused to give it to him? "There has been some difficulty, *even for the fellows* of the College," says Dr. Ferris, "to obtain the use of them."—(Exposition, &c. pp. 163, 4.) These gentlemen were all licentiates of long standing, and much experience of College affairs.

The fact is, and a very curious fact it is, that there are actually two Colleges of Physicians in London, the one legitimate, the other spurious; the one by statute of Henry VIII., the other a bastard of Charles II.; the one consisting of doctors in physic, *homines facultatis*, on an equal footing, the other of an arbitrary gradation of ranks, with a new and illegal stile, an illegal and immoral administration of oaths, illegal and immoral examinations, limitations, restrictions, and regulations; in short, with numerous illegal and immoral powers, self-conferred or usurped.

In order to be a member of the one, it is only necessary, simply, to be a doctor in physic, *homo facultatis*. You take your seat, by virtue of your degree, without swearing any immoral and illegal oath, encountering any unfair and supererrogatory examination, or paying any exorbitant admission fee.—Before Henry V., the common law of England gave degrees in physic a liberty to practice *per totum Anglium*. A statute of Henry V. gave them the same. All University privileges, of which this was one, were confined by statute of Queen Elizabeth. (See "Exposition," &c. p. 180.) By the charter of Henry VIII., six physicians by name, *et omnes homines ejusdem facultatis*, were formed into a College. For members of the faculty, then, admission into the College was not conditional, but imperative. They came in of course, and were of the corporation as they settled in the district. It was only recognising their right, by entering them in the College register; by admitting them to their *negotia*, &c., which they claimed *ex debito*, as their right and property, not *ex gratia*, or by favour. There was in their case no examination by law; for it would have been ridiculous that members of the faculty should be examined by members of the faculty; and what applied then to the medical graduates of Oxford and Cambridge, applies now equally to those of the other Universities of the United Kingdom.

In this legitimate College of Henry VIII., therefore, every doctor of the faculty, who lives in London, is, *ipso facto*, incorporated, without so much as the ceremony of admission, and may demand his voice as one of them when he pleases, as much as doctors of the Universities, whilst they continue there, are of the faculty *by their degrees*, and have their voices in the senate without further form. If the register in the University should not enter a degree, yet due proof of it would equally entitle the holder to its privileges; and it is quite clear that no private College can, by virtue of its by-laws, supersede the legal rights of the Universities.

The *admissi*, in the legitimate charter, as confirmed by act of Parliament, are what, in University language, are termed *practicantes*, and the same who before, by the 3d Henry VIII., were to be admitted by the Bishop of London or the Dean of St. Paul's, if approved by four doctors. In the University, their admission is *ad practicandum in medicina*, as in the charter *ad exercendum facultatem*; and with the Bishop and Dean it was to "practise." These persons were admitted to practise, after examination by the faculty, on account of the insufficient number at that time of regularly educated physicians. They took a degree, in a manner, in the College; but they claimed *ex gratia*, and had no right to be admitted unless the faculty thought fit. The *admissi*, *practicantes in medicina*, or *exercentes facultatem*, of the College of Henry VIII., have long ceased to be necessary. These have evidently been confounded, by the College of Charles II. (whether purposely or otherwise is of no consequence) with the *permissi* or *licentiates* of their own creation, although they obviously possess nothing in common. The licentiates are as much *homines facultatis* as the fellows of that College.

But, in order to obtain admission into the spurious College of Chales II., either as a member or an appendage to the Corporation, it is by no means sufficient to be a doctor of physic, *homo ejusdem facultatis*. You

must undergo an examination, which supercedes the duties, violates the rights, and insults the dignity of your University. You must swear (if a licentiate, upon your bended knees) to do all things *in honorem collegii*, without the possibility of knowing what obligations you thereby incur,—an oath which it is impossible to fulfil, and a duty to violate. In order to obtain the highest, or the second rank, you must have been educated at one of two Universities, in which *scarcely any medical* education exists. To be educated in any of the *best medical* Universities in the world will only entitle you to the *lowest* rank in the scale. You do not become a member, but are only a *licensed appendage* of the incorporation, and for this honour you have to pay an exorbitant admission fee. There are other degradations and indignities incidental to a dependence upon this body, which are too numerous to be here specified, but equally contrary to reason and to law with those which I have enumerated.

It could only then, I am persuaded, have been for not sufficiently adverting to the circumstances that the College of Henry VIII. is still in legal existence, and open for the unobstructed reception of all doctors in physic, *omnes homines ejusdem facultatis*, according to the phraseology of the charter; that the College of Charles II. could not, in virtue of its by-laws, abrogate the rights of the Universities; that it is not necessary to be attached, in any shape, to that body, in order to be able to practise in London; and that to take an oath without a full knowledge of the nature and extent of the obligations which you thereby incur, is both immoral and illegal:—it could only, I say, have been from not sufficiently adverting to these and other important considerations, that so many otherwise respectable men, *homines facultatis*, could have been induced to sacrifice their own rights, and those of their Universities, by submitting to the degradation of becoming inferior appendages to a disgraceful monopoly; and now that this matter is so much better understood, I should think that those graduates who have already joined, would be anxious to withdraw themselves from so humiliating a connexion; and that all young candidates for medical practice, being duly forewarned, will take special care to avoid a similar calamity. I see no insuperable reason, indeed, why the governing members of the College of Charles II. themselves should not (making a bonfire of their odious and illegal by-laws) prefer the honour of spontaneously resuming the original, simple constitution of Henry VIII., to the disgrace of being compelled from without to return to first principles; this, however, is their own consideration.

But, as to you, Doctors in Physic, *homines facultatis* of the United Kingdom, you have only, without apprehending the least obstruction, to walk in and take your places in your own hall, which for three centuries, although you have not known it, has remained legally open for your reception.—Under the circumstances in which you are placed, it would, in my opinion, be a wrong course to take any legal measures with a view to oblige the College of Charles II. to receive you, for it would be only seeking to become members of a spurious body, whereas your own legitimate hall, which has been long empty, has its doors wide open inviting you to enter. You are an immense body, ready formed: the site of your hall you may place any where; that in Warwick-lane would for the present answer the purpose: take possession; enter *en masse* by right of your degrees; elect your President and *Supervisors*, according to the old custom, and the legitimate charter and statute of Henry VIII., and see whether the College of Charles II., with its *Censors*, and other arbitrary deteriorations, will venture to try or will be able to eject you. This would be a much more regular and decorous, as well as a more legal proceeding, than that of the licentiates on a former occasion, when they knocked at the College door and demanded admission, and I do not see by what chicanery it would be made to fail of success. You are far more numerous than the College of Charles II.; your resources are greater than theirs, which depend principally upon the admission fees of the licentiates, and which, by your success, would be lost to them; and you are at least as highly gifted. Having right, law, justice, humanity, and even power on your side, I do not see what danger is to be apprehended from the assertion, in the manner proposed, of your undoubted privileges. It will be for the College of Charles II., if they should prefer it to joining you, afterwards formally to question your rights, and you will have the advantage—a great one in such a case—of being the defenders. I would even be judged by lawyers, although it would diminish the chances of litigation, whether, under all the unfortunate circumstances of our profession, this would not be our best course to pursue; and I am persuaded, that in a military point of view, the Duke of Wellington would not say that we had placed ourselves in a false position.

I am, Sir, your obedient servant,

MEDICO-CHIRURGUS.

London, Dec. 19, 1826.

## HYDROCYANIC ACID.

*To the Editor of* THE LANCET.

SIR,—I am not one of those who affect a total ignorance of what is inserted in THE LANCET, and who declare that they never read such a Journal. At all times I am glad to avail myself of any, and every, channel of information; and as long as your Hospital Reports are given with fairness, and convey mere matter of fact, unalloyed by erroneous opinions and unjust personal allusions, and stand, as most of them have stood, uncontradicted, I cannot but look upon the periodical that contains them as, so far, valuable and instructive. But when Reports are ushered in by preliminary observations, founded on error or misrepresentation, the value, as well as the instruction of the details that follow, must be greatly diminished. This is the case with respect to your hospital report on the efficacy of hydrocyanic acid in derangements of the stomach, contained in this day's Number of THE LANCET, which report is prefaced by two assertions betraying either ignorance or want of candour. I allude, first, to the expression of the reporter's belief, that the medicine in question *has fallen into disrepute*, and *indeed almost into disuse*, in pectoral diseases; and, secondly, to the reporter's declaration, that Dr. Elliotson is *the gentleman to whom the profession is indebted for the introduction* of the hydrocyanic acid into practice, as a valuable remedy in derangements of the stomach.

With respect to the first assertion, I can at this moment appeal to some of the most respectable members of the profession in London,—nay, to one or two at the head of that profession, as well as to some practitioners in the country,—further, I can call on not a few of the medical officers of public institutions, to contradict it in the most unqualified manner. Let an inquiry be made at the principal chemists in the metropolis, and many of the provincial towns, for the purpose of ascertaining whether or no the quantity of hydrocyanic acid prepared and sold by them has increased ten-fold since I first had the honour of introducing it to the notice of the medical profession in this country, in consequence of its being more generally prescribed in those pectoral diseases for which it has been recommended as a powerful means of cure, as well as in those for which it is administered as a mere palliative superior to many others, and you will have a strong collateral evidence that your reporter is wrong. I may also be permitted, in corroboration of my counter-statement, to allude to the fact of two editions of my work on that medicine being exhausted, as a proof that it has not fallen into disrepute, much less into disuse. I have no hesitation in stating it to be my honest conviction, that such an event is neither at hand, nor likely, very soon, to take place. But your reporter having expressed his erroneous opinion on which I have so commented, under a mere *belief*, it is fair to attribute that opinion to ignorance only, and not to any improper feeling.

As to his second assertion, it is not easy to account for its fallacy on the same ground. That a reporter, who undertook to speak so decidedly of Dr. Elliotson's priority of application of the hydrocyanic acid in certain cases of dyspepsia, should not have been aware that the claim which that gentleman himself set up in his pamphlet on that subject, had long ago been controverted, and clearly proved to be groundless, by Dr. A. T. Thomson, in the second edition of my treatise on the use of that medicine, (p. 386,) is a circumstance scarcely credible. That contradiction has never, to my knowledge, been refuted by Dr. Elliotson, although Dr. Thomson then called upon him so to do, in the most explicit manner. On that occasion it was shown, that inasmuch as Dr. Elliotson himself had admitted having read my first edition, in which Dr. Thomson had detailed a case of dyspepsia cured by the hydrocyanic acid, given, *not in a mistake*, as was the case at first with Dr. Elliotson, but on purely scientific and inductive principles; he could not have been ignorant of the effect of that medicine, and of the success with which it had been used by another practitioner, in that class of complaints, long before him.

Now, either your reporter knew all this, or he knew it not. If he knew it not, then neither ought he to have hazarded the assertion he has put forth, tending to mislead your readers, particularly those for whose immediate use THE LANCET is intended. If, on the contrary, he knew it all, then .... but it cannot be. THE LANCET will not, intentionally, misrepresent facts. It must have been mere inattention on the part of your reporter; and that inattention I deem it necessary to point out to your notice, as the responsible editor of that publication.

And now, Sir, having been candid with you, I confidently anticipate that you will be proportionately fair towards the public, and just towards Dr. Thomson and myself, by inserting the present contradiction to two unsupported assertions, in the same Journal which gave them promulgation.

I have the honour to be
Your obedient servant,
A. B. GRANVILLE, M.D.

Grafton Street, Berkeley Square,
February 3, 1827.

# HOSPITAL REPORTS.

## HOSPITAL OF SURGERY,

*Panton Square, St. James's.*

The following cases of cancer afford illustrations of the history and anatomical characters of that disease, as well as those points deserving particular attention in a practical point of view.

### CANCER IN THE NOSE.

T. S., aged 40, was admitted into this Hospital, with two ulcers occupying the right and left sides of the nose. These ulcers covered both alæ, and extended to a considerable distance over each cheek. They had all the characters of true cancer, having irregular very hard jagged edges, and a polished surface, the adjacent integuments hard and thickened, there was also a copious discharge of thin ichor, accompanied with a fœtid smell. He complains of extreme itchiness in the sore; that on the left being the largest, and at the lower part nearly coalescing with the one on the opposite side.

The patient stated, that about four years ago a pimple formed on the left cheek, and after scratching the part, the pimple was frequently removed. One year after the commencement of this affection on the cheek, the patient became anasarcous in the lower extremities, but by the use of remedies he recovered.

About the same time the sore extended, and has been extending ever since. He states, that previous to the appearance of the pimple, as well as since, he has had his nose several times severely bruised, by falling on his face while in a state of intoxication. About ten weeks after his admission into this Hospital, he was attacked with gout in both knees, for which he was bled both generally and locally with very marked and decided relief.

On his admission, 6th of December last, his lower extremities a second time became œdematous, for which he took the following pill:

℞. *Mass. pil. hyd.*, grs. xii.
*Pulv. fol. digital.*, grs. iv. Mix.

formed into a mass, and divided into pills xii. One to be taken thrice a day.

*Operation.*

To-day, Mr. Wardrop made the incisions, considerably beyond what appeared to be the limits of the disease; leaving such a portion of sound integuments as was likely to ensure the success of the operation. Considerable hæmorrhage took place during the performance of this operation, but only one vessel was tied. A small piece of lint moistened with water, was the only dressing applied to the wound.

Immediately after the operation, the patient became extremely faint, was put to bed, and two grains of opium administered. At 4, (p. m.) complained of thirst, with stiffness in the wound. To be kept on tea and water gruel.

18. At 10, (a. m.) has passed a pretty comfortable night, but complains of headache; pulse 90, softer than on the preceding day; tongue white, thirst increased; has had no alvine evacuation during the last 24 hours.

℞ *Infus. sennæ*, ℥ii.;

to be repeated every three hours, until the bowels are freely opened.

9. (p. m.) The bowels have been opened twice, headache nearly gone, pain in the wound increased.

19. Has passed an indifferent night, there is some puffiness about the face; increased swelling, accompanied by smarting pain at the edges of the wound.

*Habt.* ℞. *Infus. sennæ*, ℥ii. at 3 p. m. bowels have been opened.

℞. *Pil colocynth comp.*, ii.
*Calomel*, grs. ii. Mix. To be taken immediately.

20. Swelling of the face greatly diminished; tongue clean; bowels have been opened several times.

21. Swelling of the face quite gone; bowels regular; to have a little broth to day.

January 10. No alteration of importance has taken place in the state of the patient, sufficiently interesting to continue a report; of late the wound has begun rapidly to fill up by healthy granulations, and there is every reason to conclude that the object of the operation in producing a cure has been completely accomplished.

### CANCER OF THE HAND.

A coachman applied to the Hospital, with a warty tumour on the skin, situated between the metacarpal bones of the thumb and index finger, having all the usual characters of a cancerous ulcer, with a very hard base; the extent of the tumour being distinctly limited, he was advised to have it removed.

CANCER OF THE LIP.

An old man applied for advice on account of a cancerous tumour on the upper lip, the limits of which were also well defined, and as no contiguous glands appeared to be affected, he was recommended to have the diseased part removed.

CANCER OF THE BREAST.

Mary W., ætat. 43, married, but who has had no children, perceived seven years ago, an oozing of a limpid serous fluid from the nipple of the left breast; this was followed by a gradual retraction of the nipple, which has now receded so far as to form a concavity on that part of the breast; the skin covering this concavity is thickened, hardened, and can be felt attached to a hard, very large, irregularly shaped, and knotty tumour, occupying the greater part of the mammary gland. On the skin, at the base of the mamma, there is a scirrhous tubercle, quite insulated from the diseased breast, and in the axilla there is an enlarged and hardened lymphatic gland. The catamenia are regular, her general health is good, and she complains of little pain.

From the contamination of the lymphatic glands, Mr. Wardrop considered that an attempt to remove the diseased parts by an operation, would be improper. Besides the use of evacuants, she has been advised to apply a few leeches at some distance from the diseased parts of the skin, at intervals of four or five days, from which practice she has already received considerable relief, the size of the tumour being lessened, and the sensation of tension and fullness mitigated.

CANCER OF THE BREAST.

M. B., ætat. 60. The right mamma is very considerably enlarged; the diseased mass being of an irregular form, composed, as it were, of a number of different tubercles. The anterior portion is in a state of ulceration, the edges of the sore being irregular, everted, and of a very florid colour; its surface is covered in some parts by dirty yellow looking sloughs, and in others by exuberant and unhealthy granulations; there is a copious discharge of a thin fœtid sanies; the skin covering the tumour is very much discoloured, being of a dark purple hue; and she experiences most acute lancinating pains.

The tumour has not that degree of hardness and knotty feeling usually met with in scirrhus; it is extremely moveable, having no adhesion to the pectoral muscle; the adjacent skin is perfectly healthy in its appearance, and no diseased glands can be detected in its vicinity.

She attributes it to a blow received twelve months ago, soon after which she perceived a hard lump as big as a marble in her breast, which she could move to any part of it, and which has since gradually increased to its present size. About a month ago, the tumour being tense and painful, she applied several leeches to it, soon after which the ulceration commenced, and has made most rapid progress. She has, from its commencement, suffered considerable pain, which of late has become more intense. She says that her previous health has been good, and that she feels very well at present. Her complexion is of a leaden colour; her rest at night much impaired by the pain, and she cannot lie down.

The favourable circumstances of this case, contrasted with those of the former, have induced Mr. Wardrop to recommend the patient to submit to the excision of the diseased mass, to which she has consented.

The operation was performed on Sunday last, by including the whole of the diseased mamma within two elliptical incisions, and removing not only what was changed in structure, but a considerable portion of integuments and adjacent parts which appeared healthy.

The dissection was made expeditiously, and Mr. Wardrop considered it proper to tie with ligatures a considerable number of bleeding vessels, as he conceived the patient not a fit subject to lose much blood, on account of the feeble state of her constitution, depending, no doubt, on the copious discharge, and the excitement of the local disease.

The tumour, on dissection, exhibited all the striking characters of scirrhus, and appeared limited and imbedded in sound parts.

The patient got one grain of opium half an hour before the operation, and two grains immediately after it.

Second day. No bleeding or pain; has had a good night; slight fever; to have five grains of calomel.

Third day. No pain or bleeding; all febrile symptoms gone; bowels open.

COLLECTION OF MORBID PREPARATIONS.

Mr. Wardrop has sent his private collection of preparations to this Hospital, as a proper appendage to such an establishment. Though small in number, each specimen illustrates some important diseased change; and as the present preparations are not only valuable, but as there are almost daily contributions made to it, we shall from time to time give an account of any which we may deem more particularly worthy of notice.

## GUY'S HOSPITAL.

CASE OF VENEREAL SLOUGHING OF THE LABIUM PUDENDI, SUCCESSFULLY TREATED BY THE APPLICATION OF UNDILUTED NITRIC ACID, (*Wine and brandy, quinine, ammonia, and opium, being given to the patient.*)

Mary Wilson, ætat. 19, a woman of the town, pale and unhealthy in appearance, was admitted into the Female Venereal Ward on the 10th of January, under the care of Mr. Morgan. At the time of admission, the whole of the upper surface of the right labium pudendi was covered with a black slough, from beneath which there was a slight sanious discharge. The skin, to some extent above the slough, was affected with a dark coloured inflammation; the glands in the right groin were much enlarged, painful, and very tender to the touch. The constitution sympathised with this state of parts; the pulse was small and quick; the tongue was furred and the skin hot. The girl complained of a burning pain in the sore, which entirely prevented her from sleeping. The history which she gave of her case was briefly as follows:—She said that she had been living eighteen months as a prostitute in the neighbourhood of the London Docks, where she had frequent intercourse with foreign sailors, and, as she freely confessed, was in the habit of drinking large quantities of spirituous liquors. She had had a purulent discharge from the vagina for several weeks prior to her admission into the Hospital, but about ten days previous she observed a small sore on the inside of the right labium pudendi, which was, according to her account, very superficial at first, but gradually got deeper; and as she was still compelled to pursue her ordinary abandoned habits, at length proceeded to that state of sphacelus which we have described.

January 10. *Lemon juice* to be applied to the part by means of pieces of lint, and over these a linseed meal poultice. Twelve leeches to the right groin.

*Sulphate of quinine, five grains;*
*Carbonate of ammonia, five grains;*
*Opium, one grain;*
to be taken three times a-day.

11. The febrile excitement is somewhat lessened; the appearance of the parts is much the same as described yesterday. Mr. Morgan directed the *undiluted nitric acid to be applied to the slough.* Continue the medicine, and six ounces of brandy allowed daily, with generous diet.

12. There is a line of demarcation forming between the dead and living parts; the slough appears not to extend to any great depth.

*Repeat the application of the nitric acid.*

13. The black portion of the slough has separated to its whole extent, leaving a sore covered with yellowish slough, intermixed with bloody spots. The surrounding inflammation has much decreased; the enlargement of the glands in the groin is less, and they are now free from pain. The constitutional disturbance has greatly subsided.

Ordered to apply the lemon-juice to the sore, with the linseed meal poultice, as in the first instance. Continue the medicines.

16. The surface of the sore covered with healthy granulations, and the subjacent inflammation entirely gone. There is an evident improvement in the patient's appearance; the pulse has acquired more tone; rest is obtained, and the appetite is good. The application of the lemon juice occasions much smarting pain. Mr. Morgan to-day directed it to be diluted, and used in this state.

18. The sore is healing fast. Ordered simple dressing, and to omit the use of the lemon juice, and also the poultices. Wine is now allowed instead of the brandy.

20 and 24. The sore is healing rapidly.

28. Nearly well.

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INCONTINENCE OF URINE.

J. Hill, æt. 13, was admitted into Luke's Ward on 29th of November, under the care of Mr. Morgan, on account of incontinence of urine. He gave the following account of his disease:—about fifteen months before he came to the Hospital, he was standing upon a post, when his foot slipped, and he fell astride some railing, which thus very forcibly struck the perineum. Immediately after the receipt of the injury, he had a desire to make water, but found that he was incapable of doing so. He was seen by a surgeon on the day after the accident, and repeated attempts were made to pass the catheter, but without success; at this time the boy was suffering much pain from the distended state of his bladder. The attendant surgeon, however, having failed in his efforts to pass the catheter, contented himself with prescribing the use of fomentations; a few hours after, the urine dribbled away involuntarily, and in this manner the boy was relieved. He continued to labour under incontinence of urine for the space of a fortnight, at the expiration of which period he was better, but not entirely rid of the symptom. He remained in this state for upwards of three months, when, after riding on horseback to a considerable distance, he found that his urine had flowed away involuntarily, and from this time, incontinence of urine continued to the date of his admission into the hospital. The boy

stated that he had taken various medicines without benefit, but had never worn a catheter; his general health appeared to be good.

Mr. Morgan, on the day of the patient's admission, passed a sound into the bladder with some difficulty; the obstruction was in the membranous portion of the urethra, at which part it appeared as if the point of the instrument passed into a sacculus. Ordered to apply a blister to the loins, and to take *half a drachm of the subcarbonate of soda* in a wine-glassful of the infusion of cascarilla, three times a-day.*

Nov. 30. We find the patient this morning labouring under *retention* of urine, which Mr. Morgan attributes to the irritation produced in the urethra, by the attempts which were made to pass the sound. An elastic gum catheter was introduced with some little difficulty, and a considerable quantity of urine drawn off; the catheter was retained in the bladder by means of tapes.

Dec. 6. The catheter has been kept in the bladder since the last report; it occasioned some pain at first, but this soon subsided. A portion of the urine passes by the side of the instrument. Continue the medicine.

9. The catheter was withdrawn yesterday, and has not since been introduced. He can now retain a considerable quantity of urine, but occasionally suffers much pain in passing it, and has tenesmus, with involuntary evacuation of the rectum.

15. The patient is progressively improving; micturition is not so frequent, and the pain experienced about the neck of the bladder is much less. A catheter is introduced every morning; there is still some obstruction to its passage, at the membranous portion of the urethra.

20. Much the same. Ordered to take twelve drops of the tincture of cantharides in each dose of the mixture prescribed on the patient's admission.

30. Sounds are passed into the bladder occasionally; the obstruction is much lessened. He continues to take the mixture.

Jan. 20. The same plan of treatment has been continued, and at the date of this report the boy is able to retain his urine, and passes it with a moderately full stream, suffering but little pain. He remains in the Hospital, in consequence of having had a return of ague, under which complaint he laboured a few weeks before admission.

30. Dismissed quite well.

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* In the application of blisters, Mr. Morgan invariably adopts an old-fashioned mode of practice, in order to prevent strangury; it consists in the interposition of a piece of silver-paper between the blister and skin.

CASE OF COMPOUND, COMMINUTED FRACTURE OF THE CRANIUM, WITH DEPRESSION OF BONE.

Charles Ward, a spare lad, about twelve years of age, was brought to the Hospital about two o'clock, (p. m.) on Friday the 19th of January, having received severe injury to the head, occasioned by the kick of a horse. He was placed in Cornelius Ward, under the care of Mr. B. Cooper.

On examination, there was found to be an irregular wound of the scalp, over the upper part of the left parietal bone—that is, at its anterior superior angle. The bone was denuded, and was so much comminuted, that several distinct portions were driven in, and were evidently pressing upon the brain. The symptoms present, were those indicative of compression of the brain, the breathing was stertorous, the pulse slow, the pupils dilated and immoveable, and there was an absence of all consciousness. The boy having been taken into the operating theatre, the wound of the scalp was first enlarged, and then by means of Hey's saw, and the elevator, Mr. Cooper succeeded in removing the depressed portion of bone. The patient very shortly experienced relief; in the space of a quarter of an hour the pulse had risen considerably, and there was a return of consciousness. In the evening, it was thought proper to abstract ten ounces of blood from the arm, and ten grains of calomel were given.

20. The state of the patient is highly favourable:—he answers questions rationally, the pupils are obedient to light, and he has no pain in the head. The pulse is 120, and small; the tongue dry, but not furred; the skin natural; the bowels have been moved twice. A dose of house medicine (salts and senna,) was given this morning, and the patient vomited shortly after.

21. The patient is entirely free from bad symptoms; the pulse has now subsided to 90. With a view of keeping up an action on the bowels, the following mixture was prescribed:

*Sulphate of magnesia, 4 drachms;*
*Solution of acetate of ammonia, 1 ounce;*
*Solution of tartar emetic, half drachm;*
*Water, 5 ounces.* Mix.

A large table-spoonful of this mixture to be given every four hours.

27. From the date of our last report, we have visited the patient daily, and have found nothing material to note. With the exception of the wound in the scalp, the boy might indeed be pronounced in perfect health.

The wound has a healthy appearance; poultices have been applied during the last three days.

Feb. 3. The patient is in every respect doing well, and the wound is fast healing.